

Name
in
Full

CERTIFICATE OF DEATH

Henrietta Beall

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

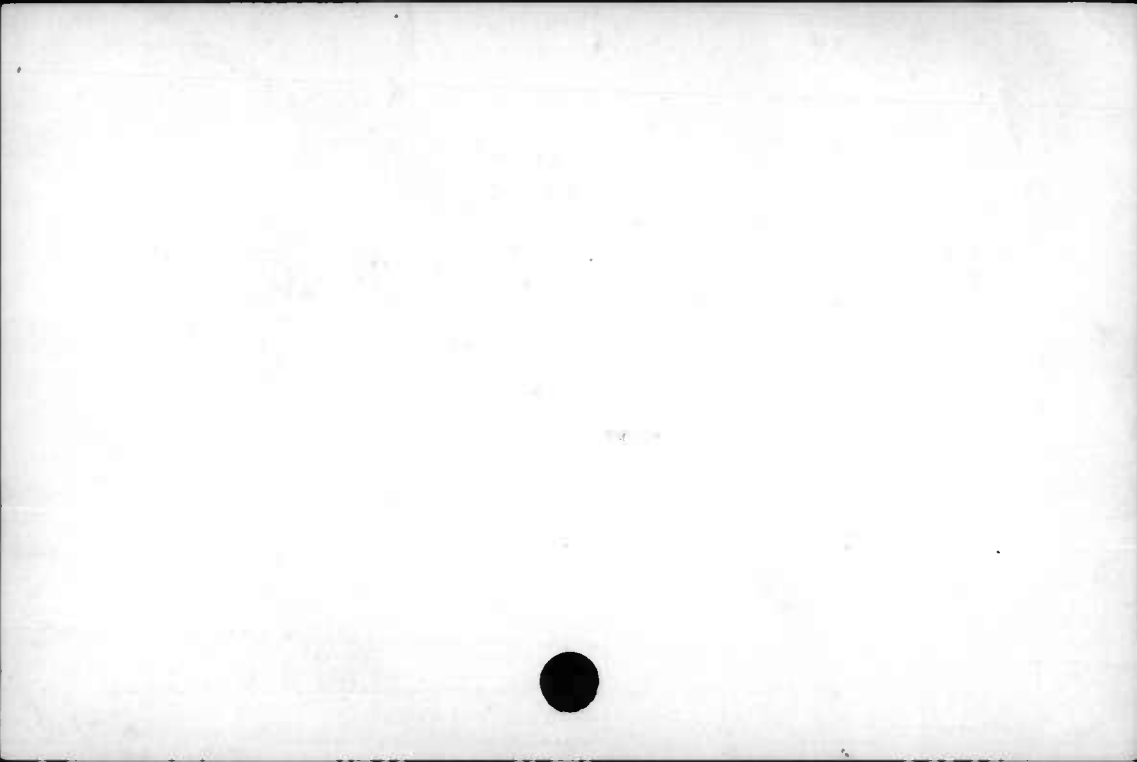
Died at <i>Forestville</i> ^{Town}		<i>Piles</i> ^{County}			
Date of death <i>1907</i>	Month <i>3</i>	Day <i>7</i>	Age <i>59</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Piles Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death				
Married, Single <i>married</i>	Name of Wife or <i>Joseph L. Beall</i> Husband				
Father's Name <i>George Calubb</i>	Father's Birthplace <i>Piles Md</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Joseph L. Beall</i>	How related to deceased <i>Husband.</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Stomach</i>	How long <i>1 year</i>
Immediate <i>Malignant infection asthma</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sausbury</i>
	Address <i>Forestville Piles Md</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

William H Beall

CERTIFICATE OF DEATH

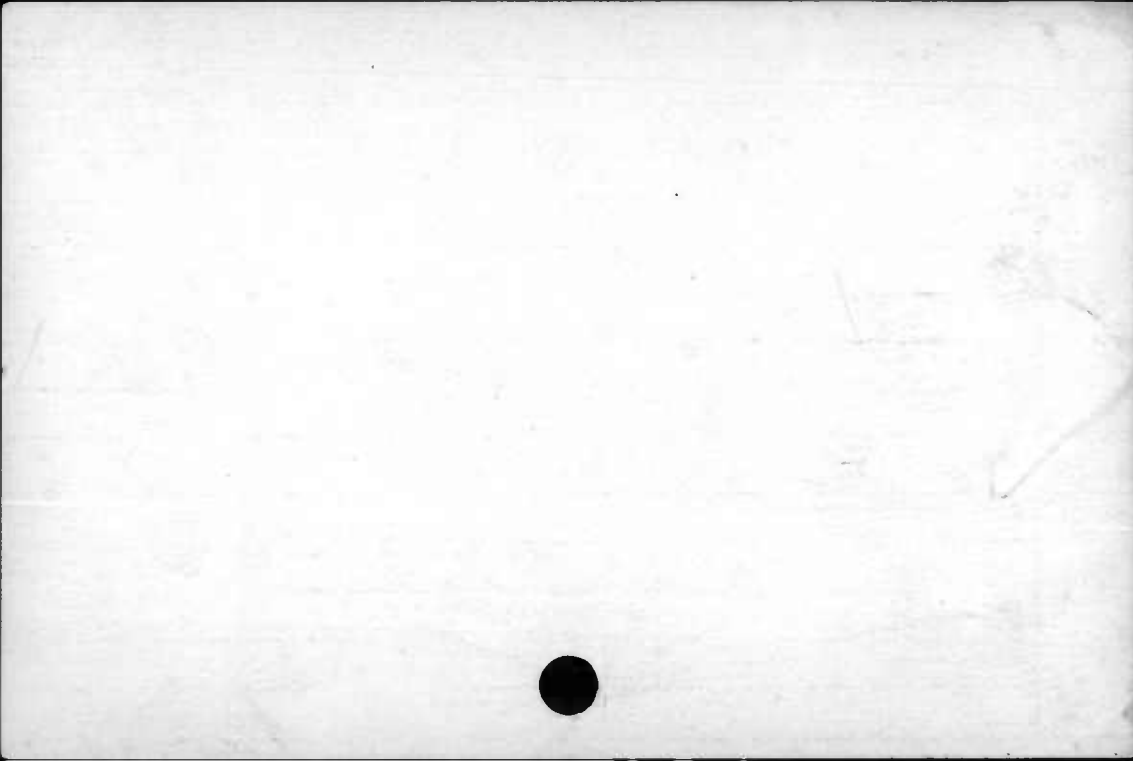
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Laurel		County Prince George		MARYLAND		
Date of death		1907	Month March	Day 28	Age 63	Years	Months —	Days —
Sex Male		Color or Race White		Birth-place md				
Occupation Laborer				Where Residing if not at place of death				
Married, Single or Widowed Single		Name of Wife or Husband Anna Oldfield						
Father's Name Josiah Beall				Father's Birthplace md				
Mother's Maiden Name Unknown				Mother's Birthplace Unknown				
Name of person giving information Samuel J. Oldfield				How related to deceased son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Apoplexy	(64)	How long Sudden
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician J. R. Hunt
			Address Laurel
Accident or Suicide?			md



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

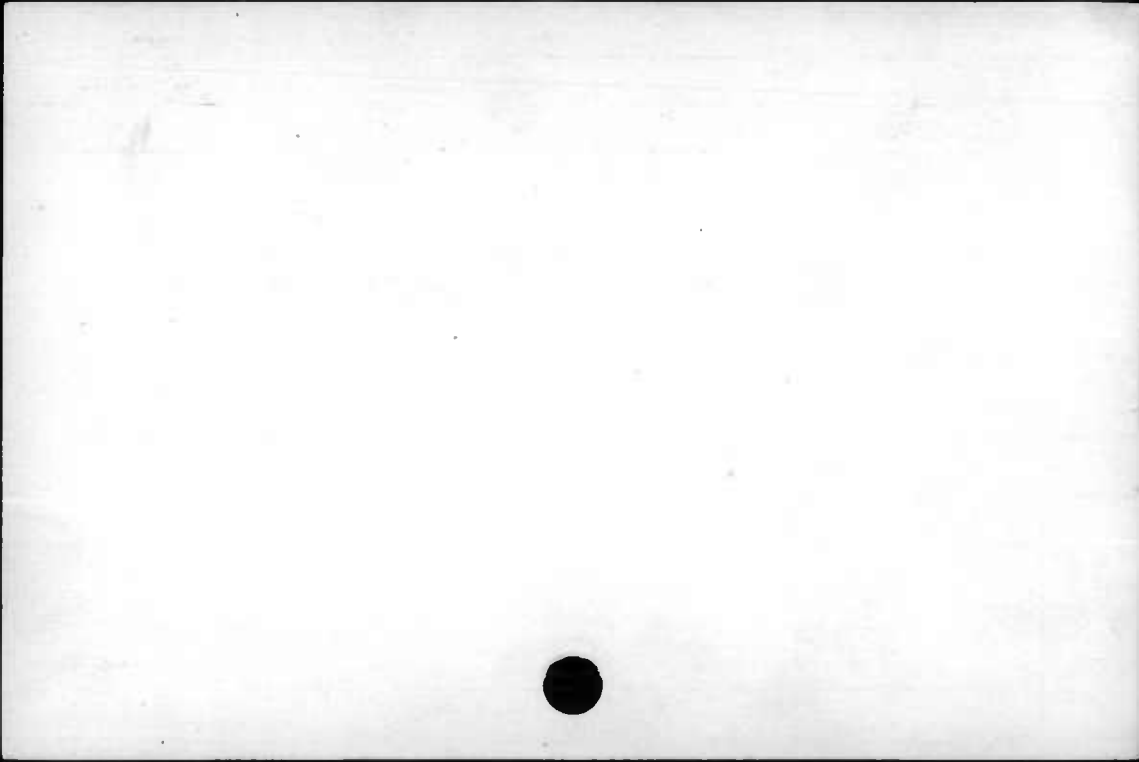
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Mar	8	Age	82		
Sex		Color or Race		Birth-place			
female		white		ma			
Occupation		Where Residing if not at place of death					
House							
Married, Single or Widowed		Name of Wife or Husband					
Widow		W. Henry Berry					
Father's Name		Father's Birthplace					
R. A. Boswell		ma					
Mother's Maiden Name		Mother's Birthplace					
Lucinda A. Luckett		ma					
Name of person giving information		How related to deceased					
W. H. Berry		Son					

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary		How long	
Cerebral Softening		6 or 8 months	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		John A. Cox	
		Address	
		213. ma	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Coulter		County Prince Georges		MARYLAND	
Date of death		1907	Month March	Day 25th	Age 85	Months "	Days 7
Sex Male		Color or Race Black		Birth-place Md			
Occupation Laborer		Where Residing if not at place of death Coulter					
Married, Single or Widowed Yes		Name of Wife or Husband Rebecca Brooks					
Father's Name Sampson Brooks		Father's Birthplace Md					
Mother's Maiden Name Ann [unclear]		Mother's Birthplace Unknown					
Name of person giving information Robert Brooks		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Arterio Sclerosis	How long 5 years
Immediate Capillary Bronchitis	How long Five weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. B. C. Harley
	Address Laurel, Md.
Accident or Suicide?	

Fisher & Phair's
int. Murders

Name
in
Full

CERTIFICATE OF DEATH

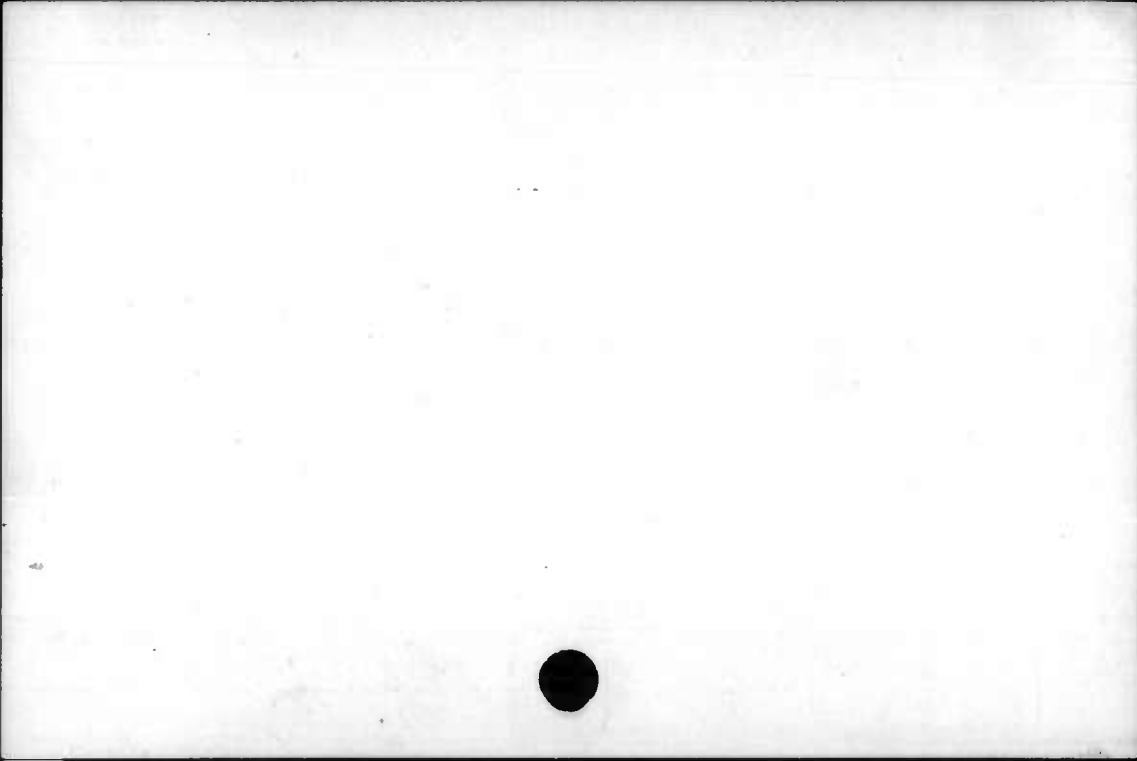
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stillborn Aguasco, Pr. Rico</i>		County <i>San Juan</i>		STATE OF <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>16</i>	Age <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Aguasco Ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>- None</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Cynthiah - Brooks</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Gustavus Brooks</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Transverse Presentation</i>	How long <i>11 hours.</i>
Immediate <i>Strangulation</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. ...</i>
	Address <i>Aguasco Ind.</i>
Accident or Suicide?	



Name
in
Full

Irene Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Westphalia		^{County} Prince George's Co		MARYLAND	
Date of death	1907	Month	3	Day	11
Age		Years		Months	
Sex	Female	Color or Race	Colored	Birth place	Md.
Occupation		None		Where Residing if not at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		Francis Butler		Father's Birthplace	
Mother's Maiden Name		Fanny Butler		Mother's Birthplace	
Name of person giving information		Francis Butler		How related to deceased	
				Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Child died of natural causes, without attendance	How long
Immediate	Causes, without attendance	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Margen D. Stumes M.D.
		Address
		Upper Marlboro'
		Md.
Accident or Suicide?		

So deep

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CERTIFICATE OF DEATH

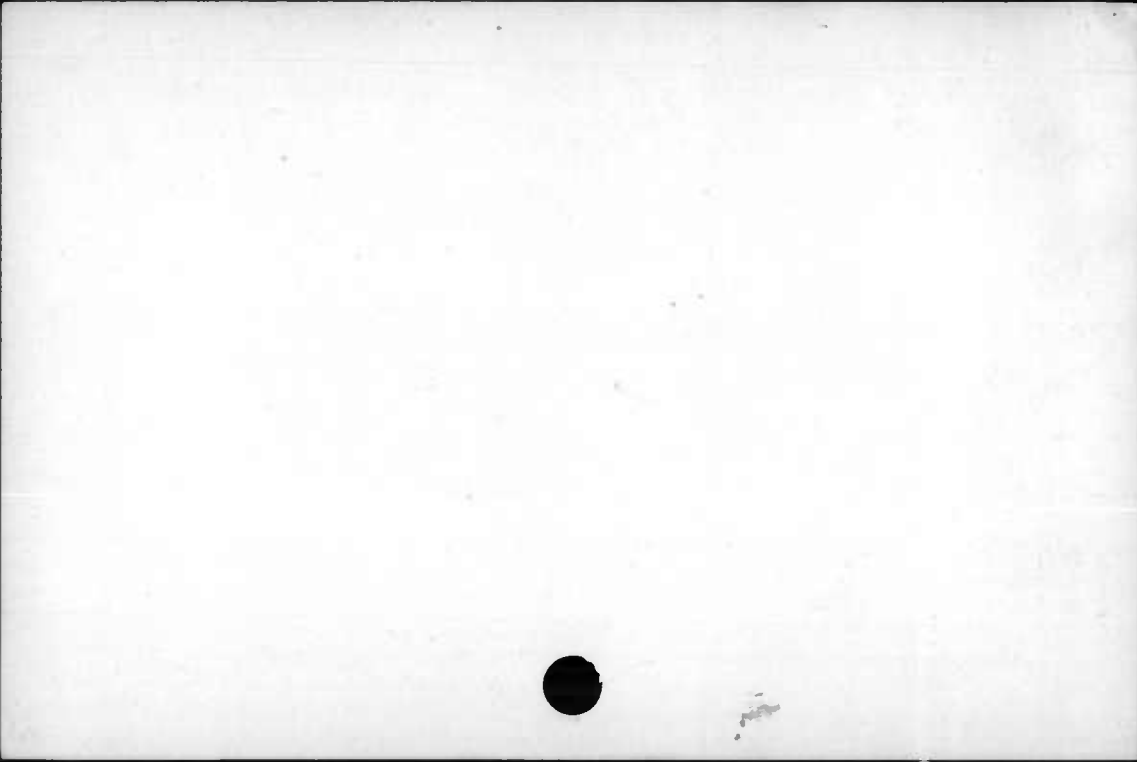
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Piscataway</u> ^{Town}		<u>P. J.</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	<u>March</u> ^{Month}	<u>12</u> ^{Day}	<u>40</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>Black</u>	Birth-place	<u>Ind</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>Piscataway</u>		
Married, Single or Widowed	Name of Wife or Husband		<u>William Butler</u>		
Father's Name	<u>Unknown</u>		Father's Birthplace <u>—</u>		
Mother's Maiden Name	<u>—</u>		Mother's Birthplace <u>—</u>		
Name of person giving information	<u>Betty Butler</u>		How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary	<u>Dissection Artery</u>	How long	<u>Unknown</u>
Immediate	<u>Rupture blood vessel</u>	How long	<u>20 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>L. P. Weaving</u>
		Address	<u>Clifton</u>
Accident or Suicide?	<u>—</u>		<u>Me</u>

PHYSICIAN
OR CORONER



Name
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Full

Emery J. Carrall

CERTIFICATE OF DEATH

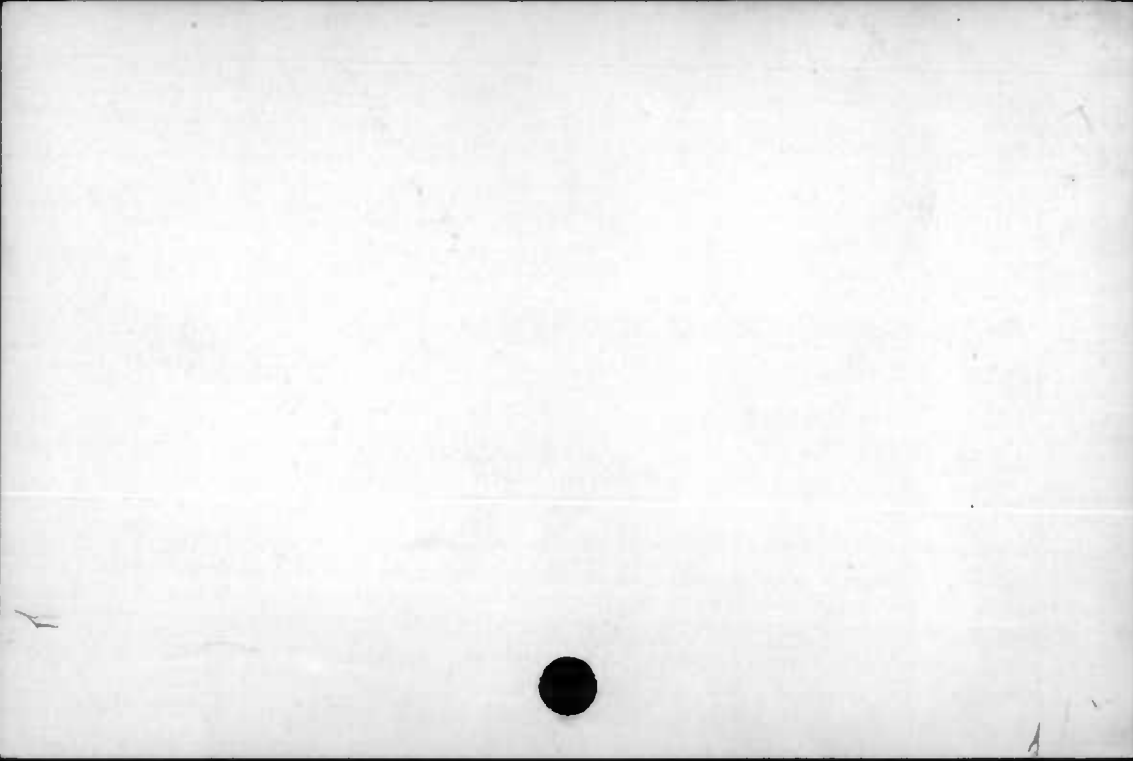
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nattingham</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month}	<u>March</u> ^{Day}	<u>27</u> ^{Age}	<u>20</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>Colored</u>	
Occupation			Birth-place	<u>Pri Geo Co</u>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
<u>Ambrose Carrall</u>			<u>Pri Geo Co</u>		
Mother's Maiden Name			Mother's Birthplace		
<u>Rebecca Pinkney</u>			<u>Pri Geo Co</u>		
Name of person giving information			How related to deceased		
<u>Ambrose Carrall</u>			<u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bronchitis</u>	How long	<u>90</u>	<u>10 days</u>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<u>H H Sibbons</u>		
		Address		
		<u>lesmon</u>		
Accident or Suicide?				
		<u>md</u>		



Name
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Full

Edith Ellen Chaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Capital Heights		Prince George		MARYLAND	
Date of death		190	Month	March	Day	21 st	Age
					Years		Months
							Days
Sex		Female		Color or Race		White	
Occupation		None		Birth-place		Capital Heights, Md.	
Where Residing if not at place of death		—					
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Lewis Franklin Chaney				Father's Birthplace	
						Md.	
Mother's Maiden Name		Annie Edelin				Mother's Birthplace	
						Md.	
Name of person giving information		Father				How related to deceased	
						Father	

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Two weeks
Immediate	Croup with Cardiac failure	How long	About 3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		R. A. Schoonover M.D.	
Address		203 Anacostia Ave.	
Accident or Suicide?		Benning, D.C.	

Chambers Ham

Smithville

Colbert County

John B. Bowers

Name
in
Full

CERTIFICATE OF DEATH

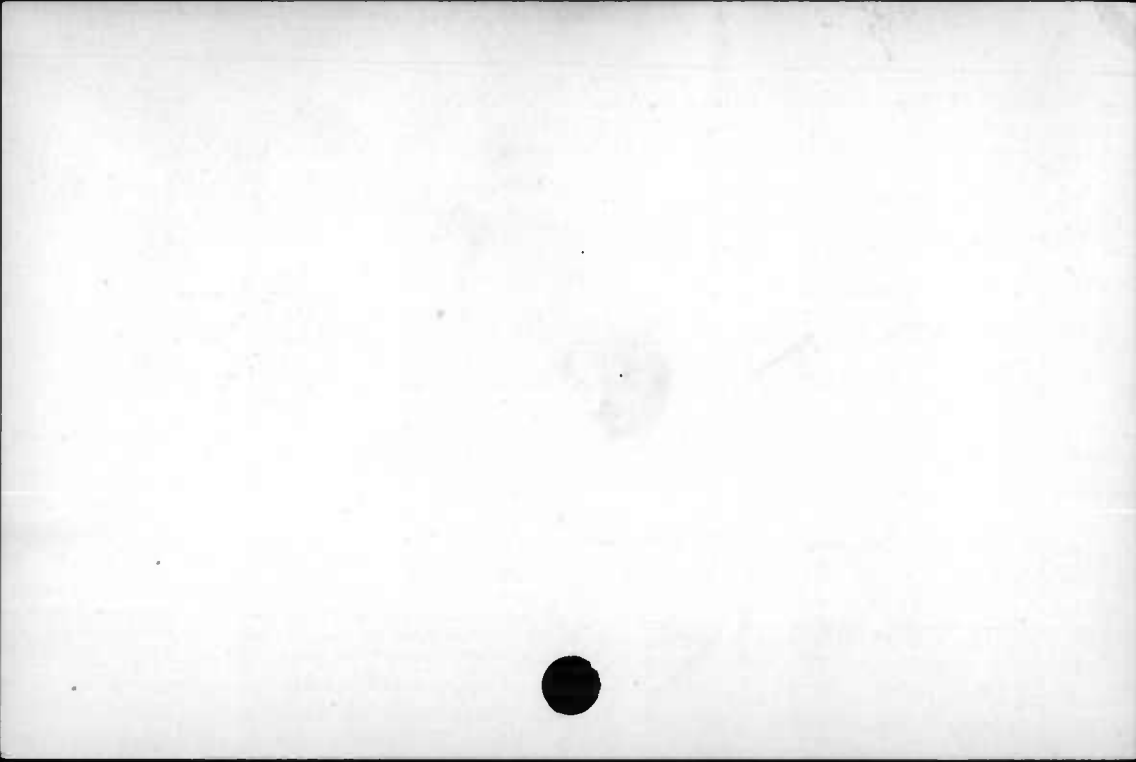
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Camp Spring* Town *Blacksburg* County *P. G.*Date of death *1907* Month *March* Day *3rd*Age *—* Years *—* Months *—* Days *—*Sex *Male*Color or
Race *Black*Birth-
place *Ind*Occupation *None*Where Residing if not
at place of death *C. Springs*~~Married~~ Single
or ~~Widowed~~Name of Wife or
Husband *—*Father's
Name *James Clark*Father's
Birthplace *Ind*Mother's
Maiden Name *Lizzie Baker*Mother's
Birthplace *Ind*Name of person giving
In formation *James Clark*How related
to deceased *Father*

CAUSES OF DEATH

Primary *Labor pains*How long *24 hours*Immediate *Spontaneous*How long *—*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *J. L. Leach*Address *Bellevue, Ind*Accident ~~or~~ *Suicide*



Name

in
Full

Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Higatonsville</u> <small>Town</small>		<u>Po</u> <small>County</small>		<u>Isco</u>		MARYLAND	
Date of death <u>1907</u>	<u>Mar</u> <small>Month</small>	<u>11</u> <small>Day</small>	<u>Still born</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>		
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Higatonsville</u>				
Occupation <u></u>			Where Residing if not at place of death <u></u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>					
Father's Name <u>Bert C. Clark</u>				Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Martha Wilson</u>				Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Father</u>				How related to deceased <u></u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still born</u>	<u>(S)</u>	How long	<u></u>
Immediate			How long	<u></u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>Dr. W. H. Palmer</u>	
			Address <u>Higatonsville</u>	
			<u>Ind</u>	
Accident or Suicide? <u></u>				



Name
in
Full

Not named Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

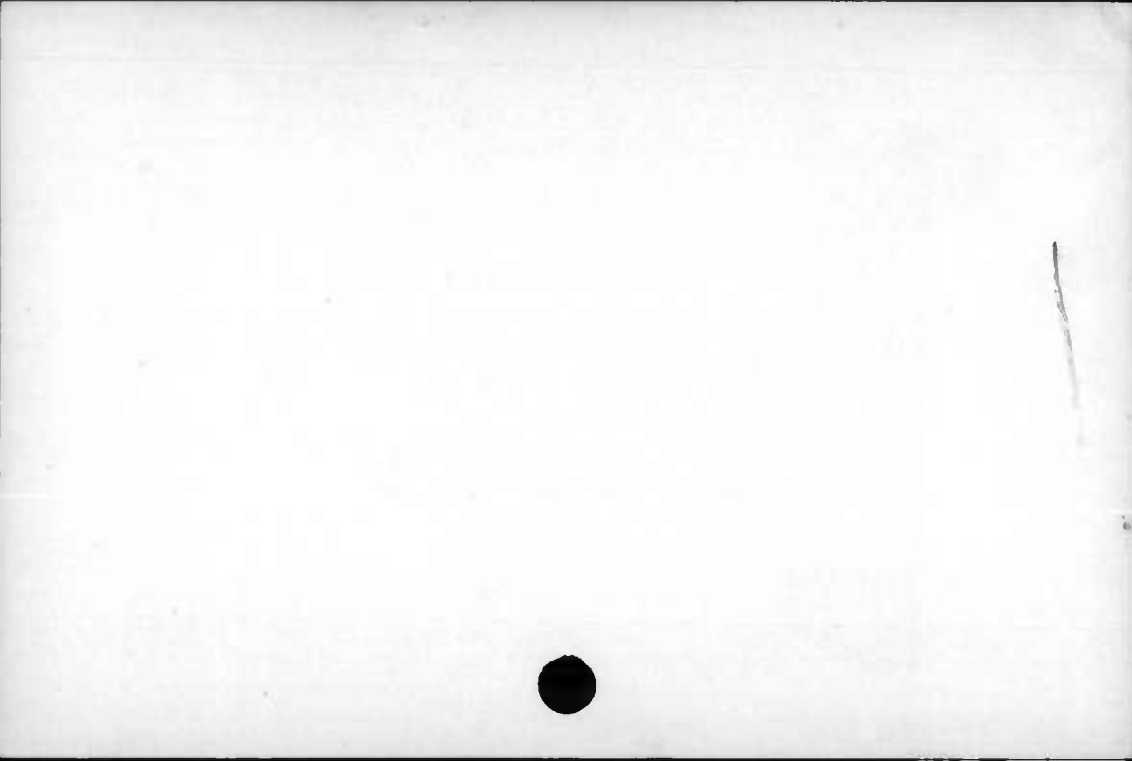
Died at <i>Chesapeake Springs P.G.</i>		Town <i>P.G.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>20</i>	Age	Months	Days
Sex <i>female</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married , Single	Name of Wife or Husband <i>Stirton</i>				
Father's Name <i>James Clark</i>	Father's Birthplace <i>ind</i>				
Mother's Maiden Name <i>Lizzie Baker</i>	Mother's Birthplace <i>ind</i>				
Name of person giving information <i> Eugene Byles</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

②

PHYSICIAN
OR CORONER

Primary	<i>Miscarriage</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>J. L. Weaving</i>
		Address <i>Clinton, Md.</i>
Accident or Suicide?		



Name
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Full

CERTIFICATE OF DEATH

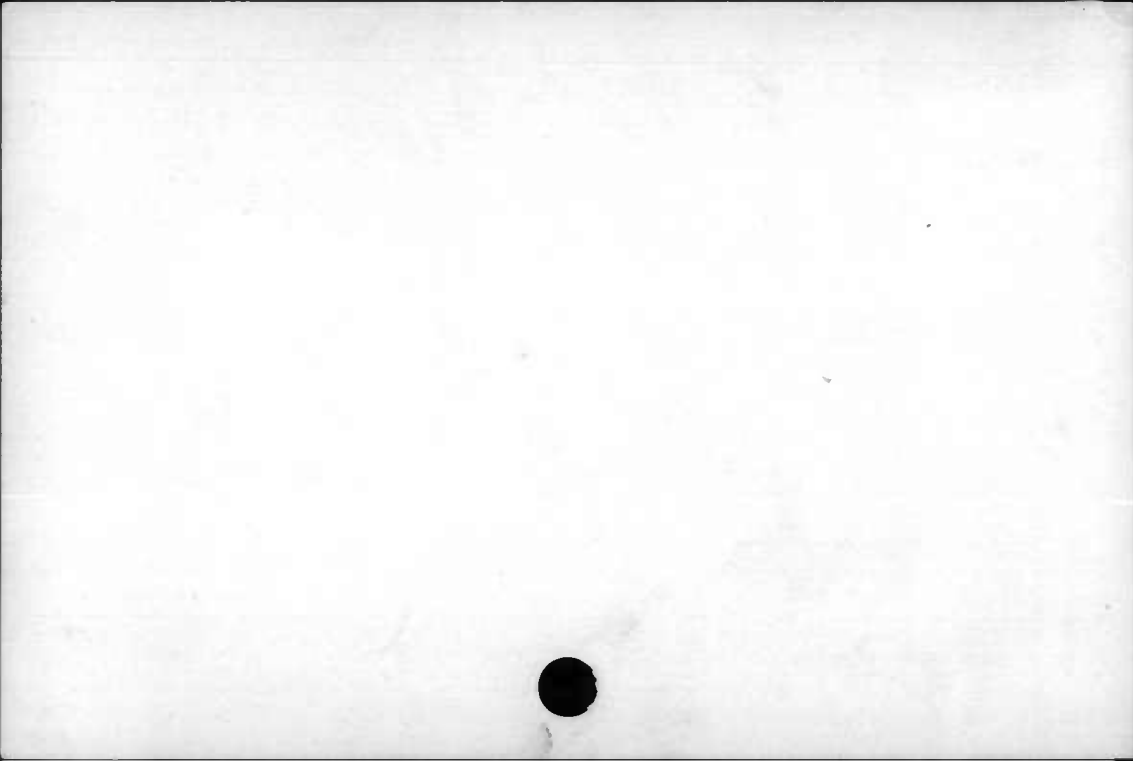
TO BE ANSWERED BY
NEAREST FRIEND

Nameless		box		County		MARYLAND	
Died at <i>Ox Hill</i>		Town		Pr. Geo		County	
Date of death 1907		Month 2		Day 1		Age	
Sex male		Color or Race white		Birth-place Md.		Months	
Occupation		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Maurice Cox		Father's Birthplace		Md.	
Mother's Maiden Name		Narah Dean		Mother's Birthplace		Md.	
Name of person giving information		Maurice Dean		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Still born		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. P. SIMPSON, M. D.	
				Address		ROSECROFT,	
						PR. GEO. CO., MD.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Muzetta Silas Cranford

Died at ^{Town} Green Upper Marlboro ^{County} Prince George

MARYLAND

Date of death 1907 March 10th Age 16 Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation Team hauler Where Residing if not at place of death Pine Bluff Co., Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Cranford Father's Birthplace Md.

Mother's Maiden Name Mary Smith Mother's Birthplace Md.

Name of person giving information Thomas Cranford How related to deceased Cousin

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary Gun shot wound in abdomen How long Immediate

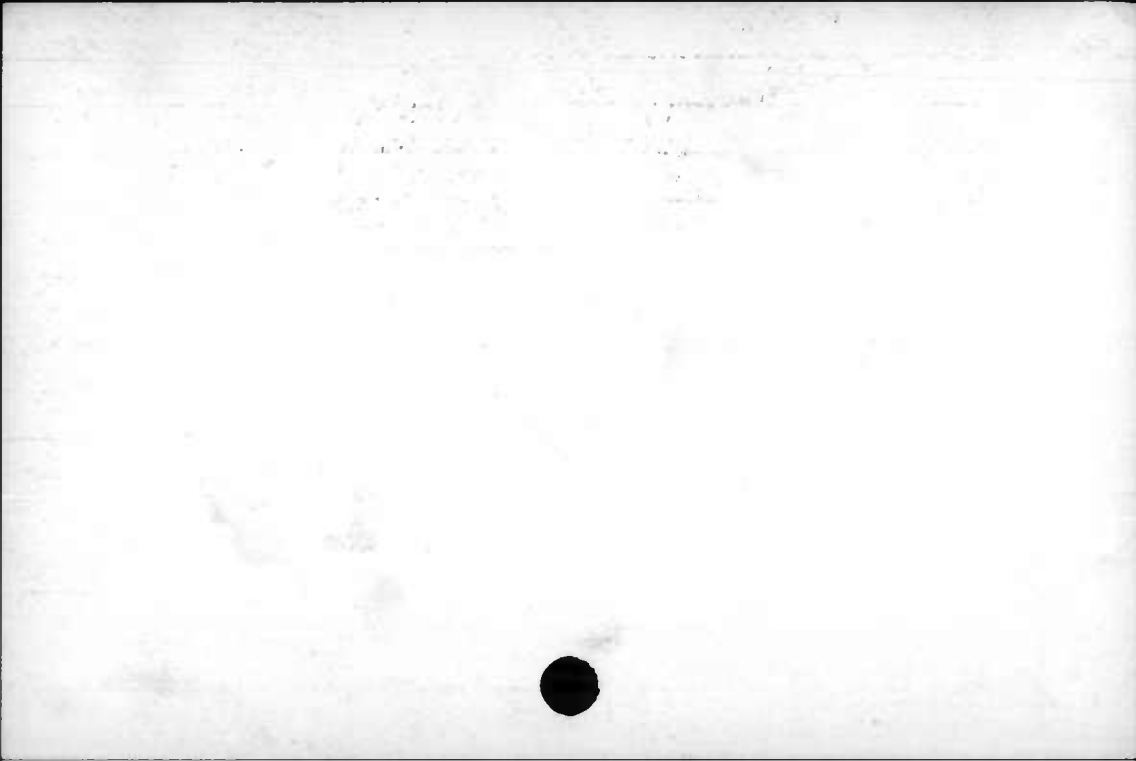
Immediate " " " How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Alfred Ridgely, Coroner

Address Upper Marlboro, Md.

Accident or Suicide? Suicide



Name
in
Full

Georgianna Emerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

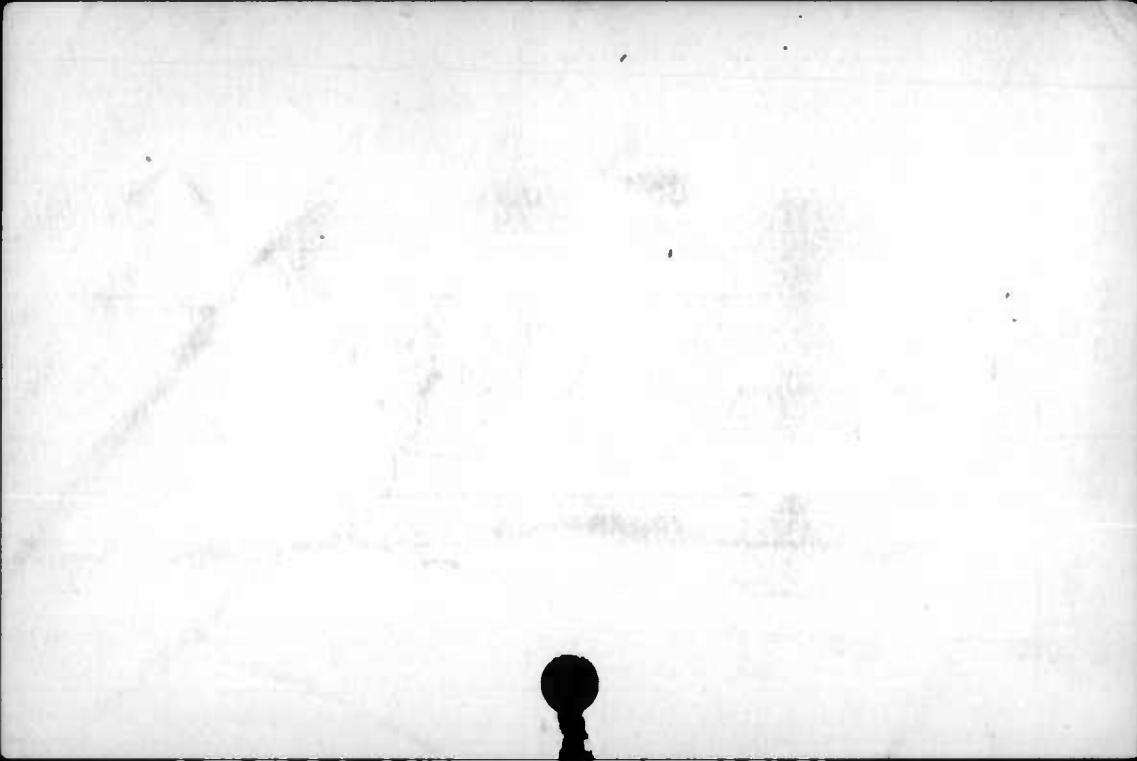
Died at		Town <i>Berwyn</i>		County <i>D. Geo.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar.</i>	Day <i>19</i>	Age <i>56</i>	Years	Months <i>11</i>	Days <i>11</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Near Boyds Md.</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband	<i>Edward D. Emerson</i>			
Father's Name	<i>John Grimes</i>				Father's Birthplace	<i>Kyatts Town Md.</i>	
Mother's Maiden Name	<i>Mary E. Mitchell</i>				Mother's Birthplace	<i>Near Boyds Md.</i>	
Name of person giving In formation	<i>M. Emerson</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Chronic Endocarditis</i>		How long	<i>Several years</i>
Immediate	<i>Fatemia</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>J. H. Elmer</i>
			Address	<i>Berwyn Md</i>
Accident or Suicide?				



Name
in
Full

William F. Farris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lanham</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>14th</u>	Age <u>82</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Virginia</u>		
Occupation <u>Foot Clerk</u>	Where Residing if not at place of death <u>Lanham</u>				
Married, <u>Single</u> or Widowed	Name of Wife or <u>Husband</u> <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving Information <u>Geo Macdonald</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	(93)	How long <u>8 days</u>
Immediate <u>Heart failure</u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo Macdonald MD</u>	Address <u>1204 G St NW</u>
		<u>Washington DC</u>
Accident or Suicide? <u> </u>		

N. P. Somers

Name
in
Full

Theodor Piesterstein

CERTIFICATE OF DEATH

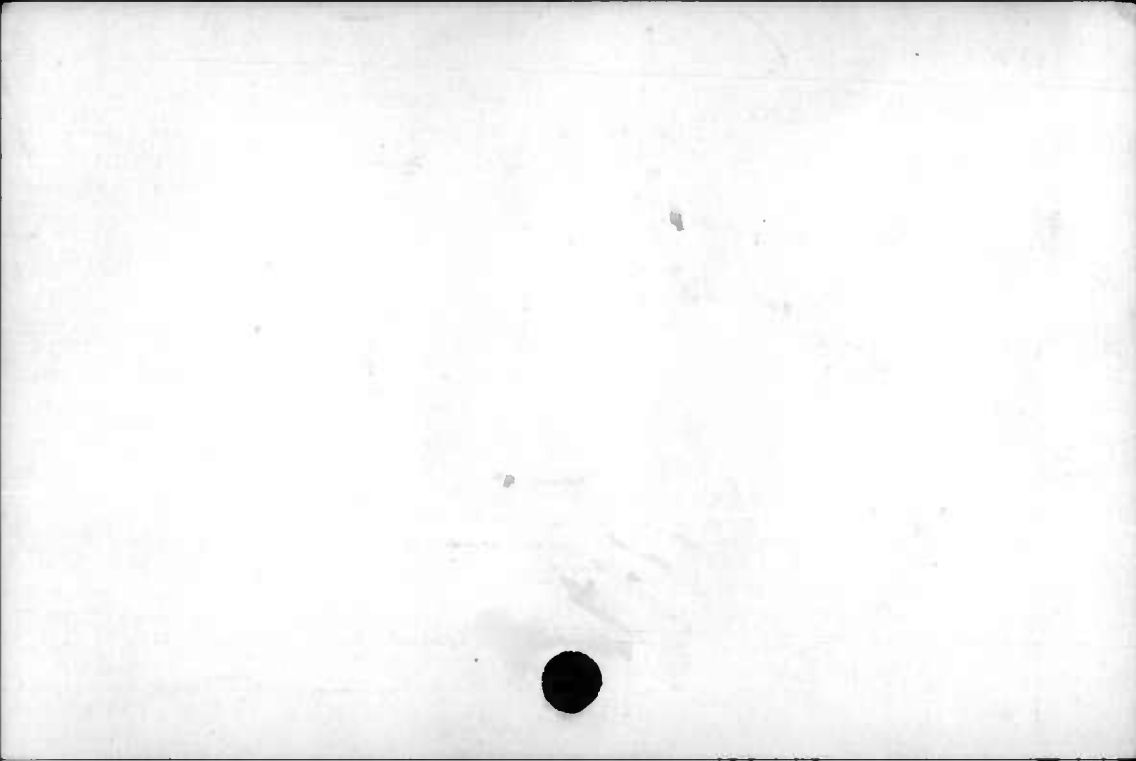
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bladensburg</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>30</i>	Age	Years <i>20</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Bladensburg Md</i>		
Occupation <i>none</i>	Where Residing if not at place of death		—		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Not known</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Oda Piesterstein</i>		Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Robert Piesterstein</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>Twenty days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A H Dahler</i>
<i>Yes</i>	Address <i>Acting Coroner</i>
Accident or Suicide?	<i>Bladensburg Md</i>



Name
in
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Watershire* Town *P. H.* CountyDate of death *1907* Month *March* Day *19* Age *12* Years Months DaysSex *Male* Color or Race *Calam* Birth-place *Calamit*Occupation *none* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Cley E. Freeland* Father's Birthplace *md*Mother's Maiden Name *Rebecca Quoge* Mother's BirthplaceName of person giving information *Clem E. Freeland* How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Malnutrition*

How long

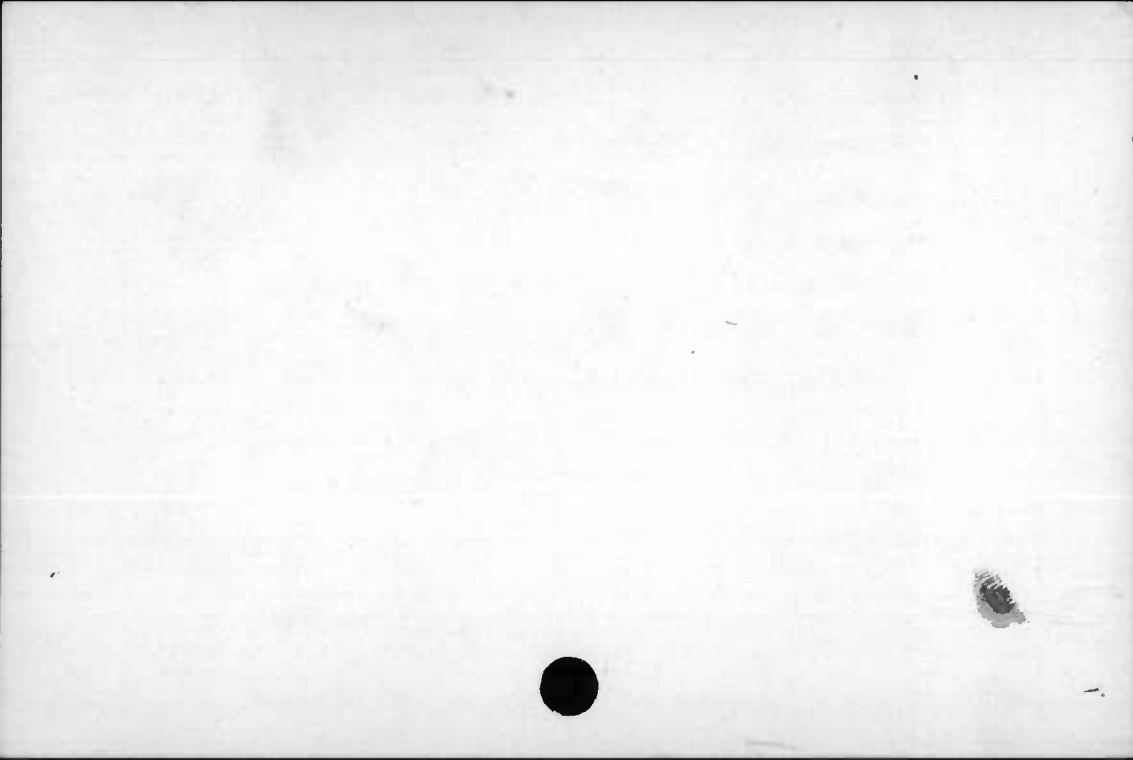
Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Ed. H. Tibbels*Address *Arum md*

Accident or Suicide?



Name
in
Full

Adner Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

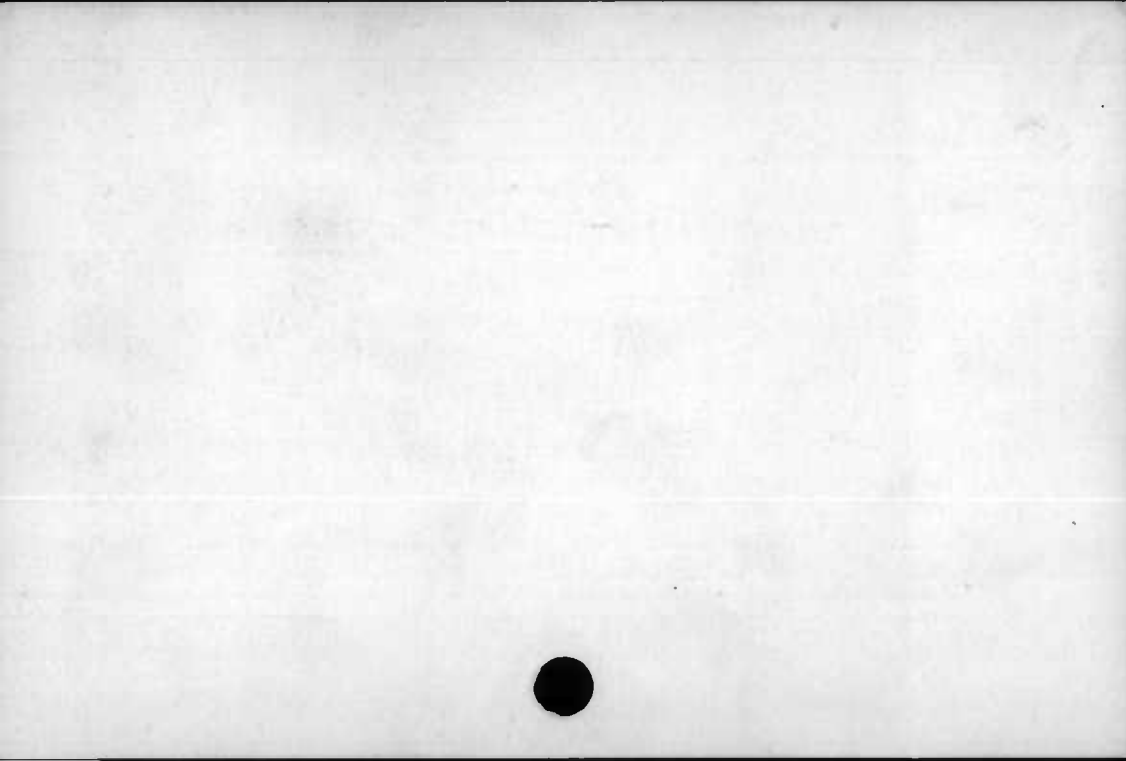
Died at <i>Sinden</i> <small>Town</small>		<i>Prince Geo</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>28</i>
Age		<i>24</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Pr Geo Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>George Garner</i>		
Father's Name	<i>Wm H Reed</i>		Father's Birthplace	<i>Baltimore</i>	
Mother's Maiden Name	<i>Ara A Duley</i>		Mother's Birthplace	<i>Pr Geo Co</i>	
Name of person giving information	<i>George Garner</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease</i>	How long	
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. H. Hibbons</i>	
		Address	
		<i>Croom md</i>	
Accident or Suicide?			



Name
in
Full

Ella G. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Feb	19	Age	33		
Sex	Female		Color or Race	Black		Birth-place	Virginia
Occupation	House Wife		Where Residing if not at place of death		Virginia's home		
Married, Single or Widowed	Yes		Name of Wife or Husband		George Gibson		
Father's Name	Henry Moor				Father's Birthplace	Va	
Mother's Maiden Name	Mary Moor				Mother's Birthplace	Virginia	
Name of person giving information	Geo Gibson				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Peritonitis	How long	5 days
Immediate	Heart Failure	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Dr. J. B. [Signature]		
Address	[Signature]		
Accident or Suicide?	No		

116

Fisher & Phair
intermit screw down
Horse Head & A Co

Name
in
Full

Charles Burton Hance

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lake Land</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>27</u>	Age <u>73</u> Years	Months <u>7</u> Days <u>23</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>New Jersey</u>		
Occupation <u>Butcher</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Emily Carson Hance</u>				
Father's Name <u>Samuel Hance</u>	Father's Birthplace <u>New Jersey</u>		Mother's Birthplace <u>New Jersey</u>		
Mother's Maiden Name <u>Hennrich Burton Hance</u>	Name of person giving information <u>Andrew R Hance</u>		How related to deceased <u>Son</u>		

A. H. Hones

CAUSES OF DEATH

Understates

PHYSICIAN
OR CORONER

Primary <u>old age</u>	How long <u>73</u>
Immediate <u>Exhaustion due to age</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. B. Johnson M.D.</u>
<u>Forest & Lake Cemetery</u>	Address <u>Benoyne Md</u>
Accident or Suicide? <u>X</u>	<u>R. B. Johnson M.D.</u>

Prince George County State of Maryland
March 28 / 1864

Permissions is hereby granted to Remove
the Body of Charles Buckner Vance out
of the State of Maryland

E. P. Vanvalkenburg
Justice of the Peace

Name
in
Full

Hattie Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

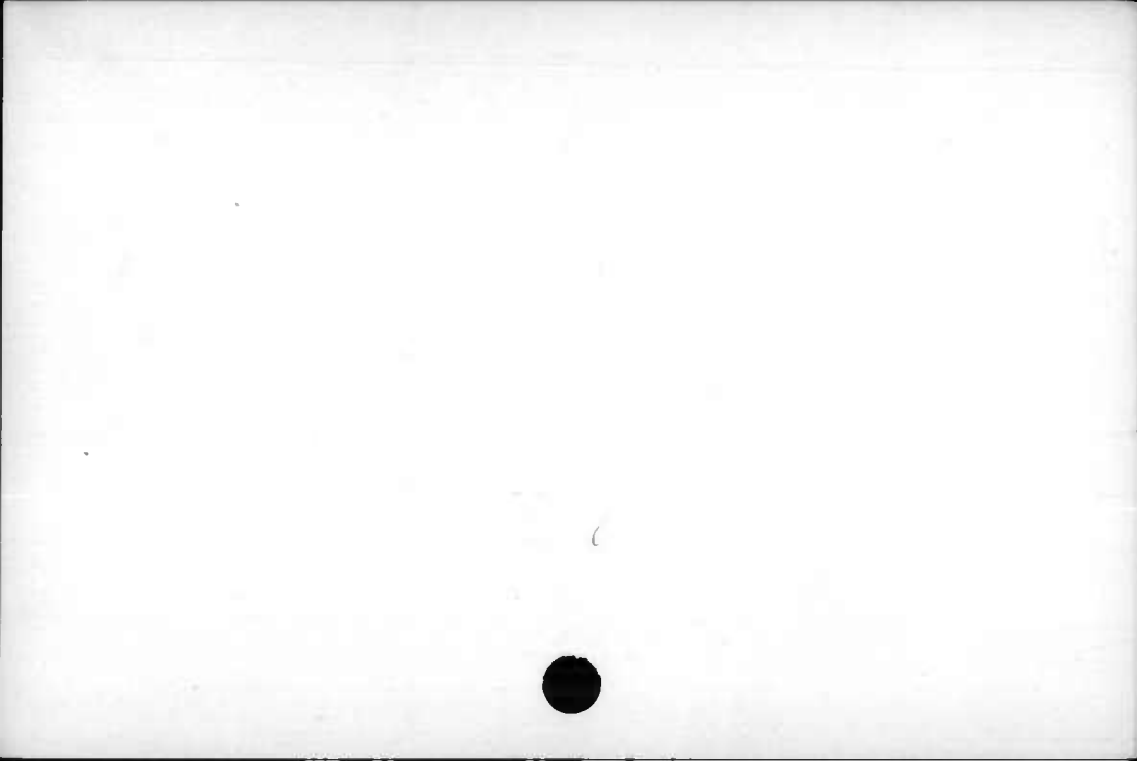
Died at <u>I.B.</u> Town		<u>P.G.</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>24</u>	Years <u>17</u>	Months	Days
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Carroll Hawkins</u>				
Father's Name <u>Clarence Hawkins</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Harmitt Booz</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Carroll Hawkins</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Miliary Tuberculosis</u>	How long <u>6 mo</u>
Immediate <u>Asthma</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John A. Cor</u>
	Address <u>I.B.</u>
	<u>Ind</u>
Accident or Suicide?	



Name
in
Full

Medora Frances Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

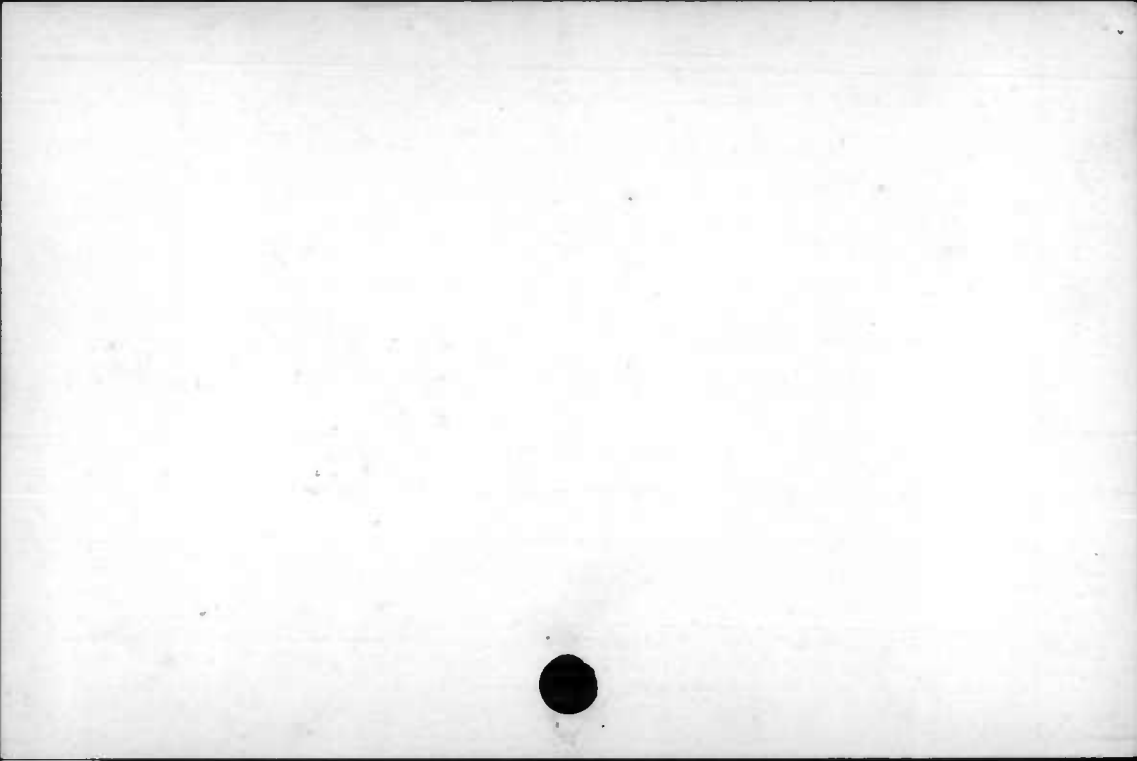
Died at		Town <i>Glenn Dale</i>		County <i>Prince George</i>		MARYLAND	
Date of death	1907	Month	March	Day	27	Age	27
Sex	Female		Color or Race	Colored		Birth-place	Prince George co
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Unknown					Father's Birthplace	
Mother's Maiden Name	Frances Herbert					Mother's Birthplace	Maryland
Name of person giving information	Nicholas Herbert					How related to deceased	Uncle

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsion</i>		How long	<i>2 hours.</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>William A. Ryan M.D.</i>	
			Address <i>Bowie, Md.</i>	
Accident or Suicide?		<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

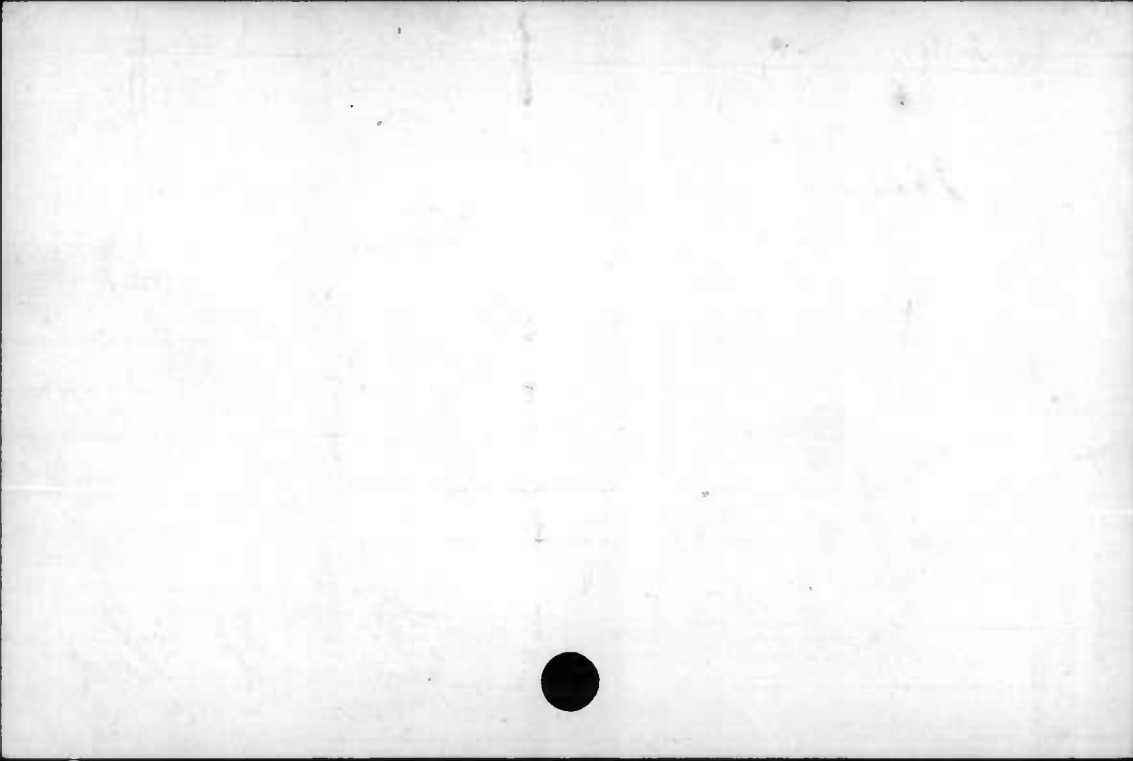
Name <i>Jemima Holland</i>		Town <i>Bladensburg</i>		County <i>Pr George</i>		MARYLAND	
Died at		Date of death <i>1907 March 15</i>		Age <i>Unknown</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Mo</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name Husband <i>Richard Holland</i>					
Father's Name <i>Charles Turner</i>		Father's Birthplace <i>Mo</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving In formation <i>Richard Holland</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Severe Cold Causing Pneumonia</i>	How long	<i>About one week</i>
Immediate	<i>Infiltration of lungs</i>	How long	<i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>C. W. Birdwell M.D.</i>	
Address		<i>Hyattsville Prince George Co Md</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

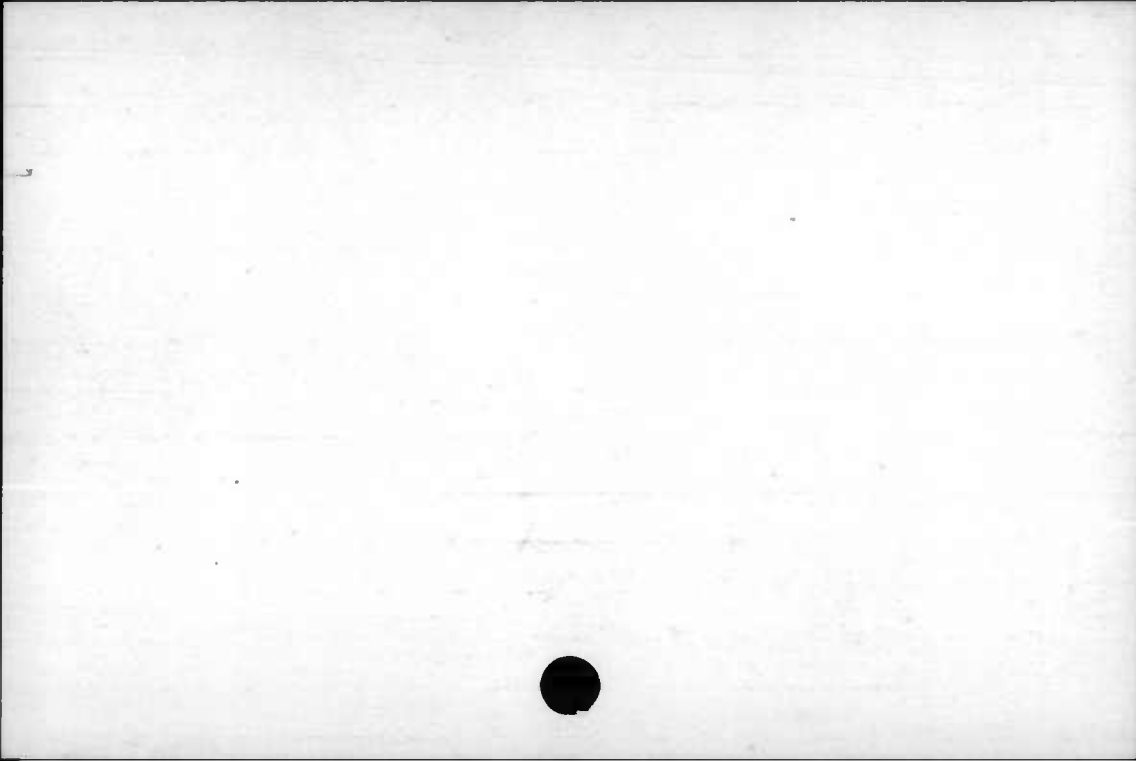
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Philip A. Israel</i>		Town <i>Laurel</i>		County <i>Yeo</i>		STATE OF <i>MARYLAND</i>	
Died at <i>Laurel</i>		Date of death <i>1907</i>		Month <i>March</i>		Day <i>11th</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		Age <i>56</i>	
Occupation <i>clerk</i>		Where Residing if not at place of death <i>Laurel</i>		Months		Days	
Married, Single <i>Yes</i>		Name of Wife or Husband		Father's Name <i>Thomas B. Israel</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Elizabeth H. Hiss</i>		Name of person giving information <i>Rudger Israel</i>		Mother's Birthplace <i>Md</i>		How related to deceased <i>Bro</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>64</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. P. Ryerley</i>
	Address <i>Laurel Md</i>
Accident or Suicide?	



Name
in
Full

Robert Jackson

CERTIFICATE OF DEATH

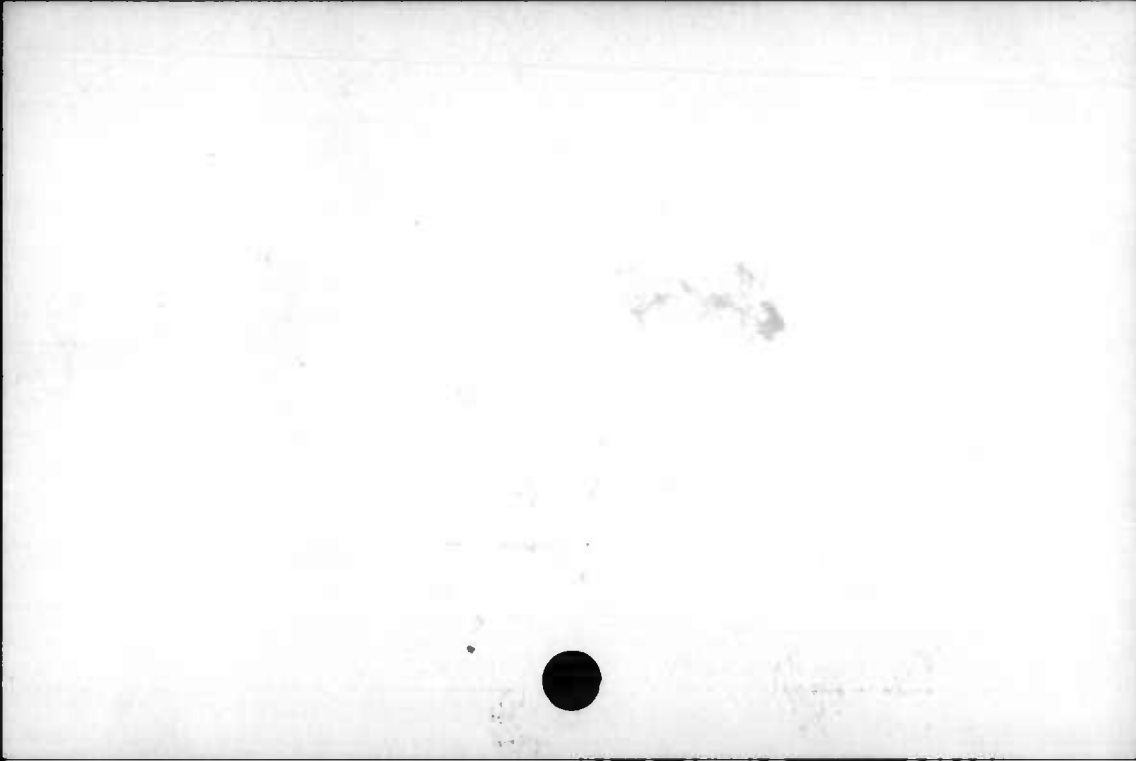
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Meadow</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>3</u> ^{Month}	<u>19</u> ^{Day}	<u>70</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Mid.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>—</u>				
Married <u>Yes</u> or <u>Widowed</u>	<u>Married</u>	Name of Wife or Husband <u>Mary Jackson</u>			
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Robert Jackson, Jr.</u>	How related to deceased <u>Son</u>				

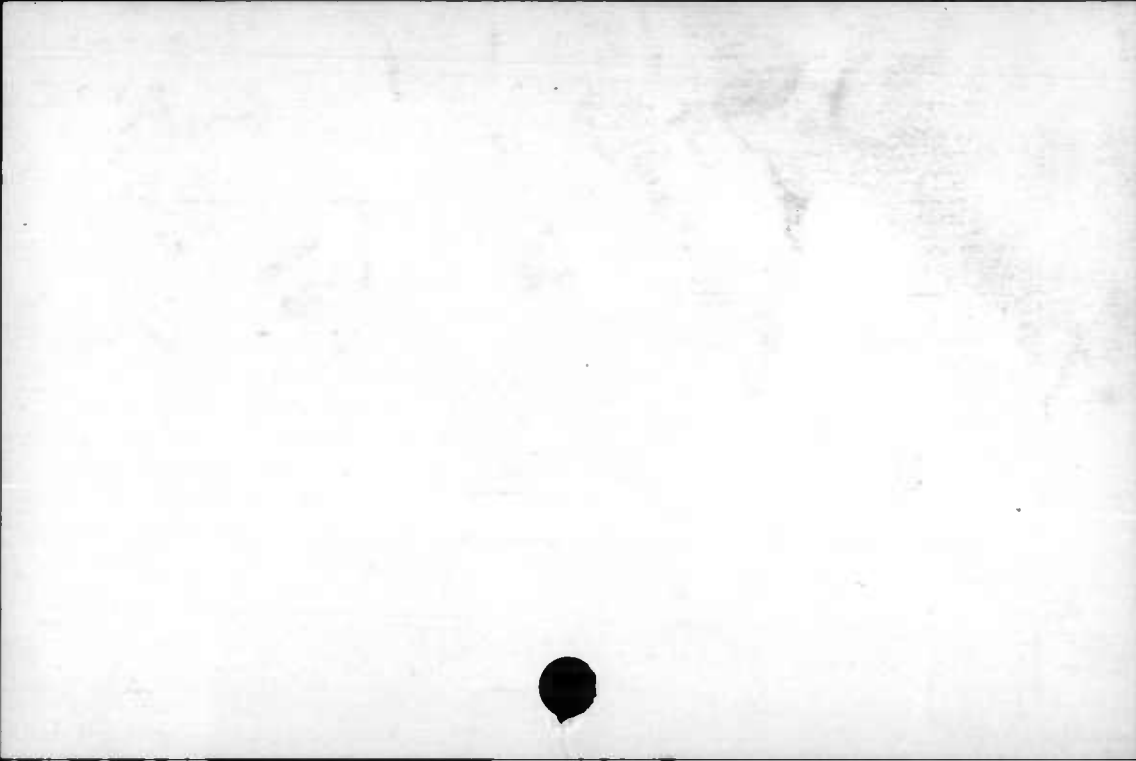
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>5 yrs</u>
Immediate <u>General Debility old age</u>	How long <u>1 yr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John E. Samsbury M.D.</u>
<u>No phys. in regular attendance</u>	Address <u>Leasville Md.</u>
Accident or Suicide? <u>—</u>	



Name in Full		Nameless Lewis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Broad Creek		County	
		Date of death		1907		Age	
		Month		3		Years	
		Day		22		Months	
		Sex		Female		Color or Race	
Occupation		None		Where Residing if not at place of death		Md.	
Married, Single or Widowed		Name of Wife or Husband		Father's Name		Father's Birthplace	
Mother's Maiden Name		Name of person giving information		Mother's Birthplace		How related to deceased	
Winfield Lewis		Simmie Taylor		Md.		Md.	
W. Lewis		W. Lewis		Md.		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Infantile convulsions		How long	
		Immediate		convulsion		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		E. P. SIMMONS, M.D.		ROUSECROFT,	
		Accident or Suicide?		PR: GEO. CO., MD:		PR: GEO. CO., MD:	



Name
in
Full

Washington Love
Marlboro

CERTIFICATE OF DEATH

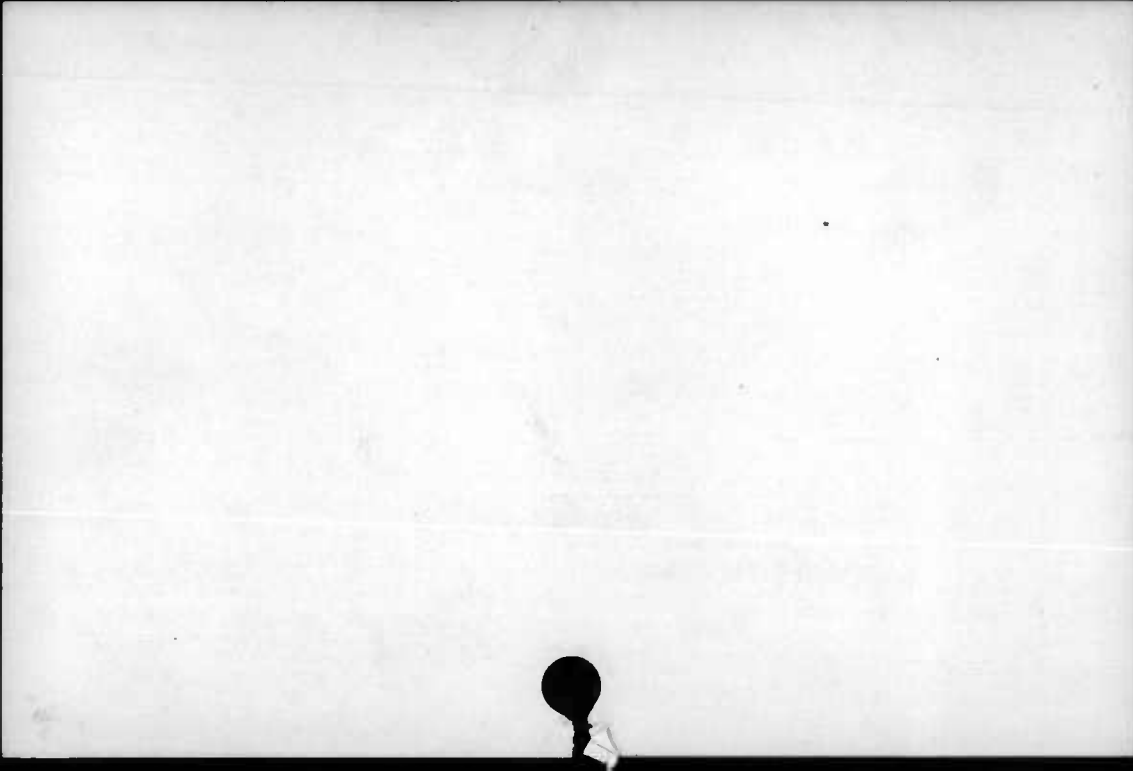
TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1907	3	13	45			
Sex	Color or Race	Birth place				
Male	Colored	Va				
Occupation	Where Residing if not at place of death					
Farmer						
Married, Single or Widowed	Name of Wife or Husband					
Married	Louise Love					
Father's Name	Father's Birthplace					
Unknown	Unknown					
Mother's Maiden Name	Mother's Birthplace					
Unknown						
Name of person giving information	How related to deceased					
Edward Black	none					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	
Apoplexy	64	6 dys
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
yes	Address	
	Reverdy Lasser	
	Upper Marlboro	
	Md.	
Accident or Suicide?		

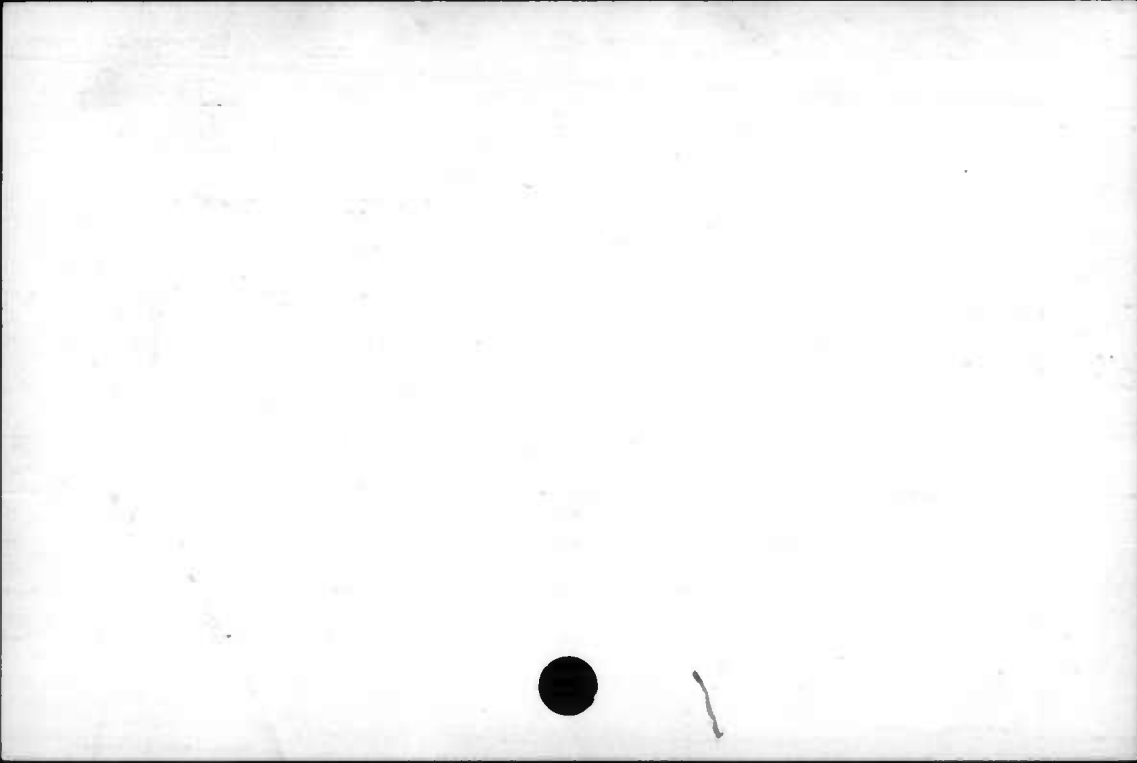


Name in Full Charles H. McPherson		CERTIFICATE OF DEATH	
Died near Aquasco Town		Prince George County	
Date of death 1907 Month march Day 8		Age 86 Years Months Days	
Sex male		Color or Race white	
Occupation Farmer		Birth-place Maryland	
Where Residing if not at place of death at home			
Married, Single or Widowed		Name of Wife or Husband Julia Doremus	
Father's Name Unknown - Mr. Pherson		Father's Birthplace Maryland	
Mother's Maiden Name Unknown		Mother's Birthplace Maryland	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
Primary Cerebro Spinal Sclerosis		How long 4 or 5 years	
Immediate Asthenia		How long 2 years	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm A. Marbury M.D.	
		Address Aquasco Maryland	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

63



Name
in
Full

Cora Mal Lane

CERTIFICATE OF DEATH

MARYLAND

Died near ^{Town} Agnasco^{County} Prince GeorgeDate of death 1907 ^{Month} March ^{Day} 9Age ^{Years} 15

Months

Days

Sex Female

Color or Race Mulatto

Birth-place Maryland

Occupation None

Where Residing if not at place of death

At home

Married, Single or Widowed

Name of Wife or Husband

Father's Name Frederick Mal Lane

Father's Birthplace Alabama

Mother's Maiden Name Lane Broome

Mother's Birthplace Maryland

Name of person giving information Fred Mal Lane

How related to deceased Father

CAUSES OF DEATH

27

Primary Pulmonary Consumption

How long one year

Immediate Apnoea

How long one month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

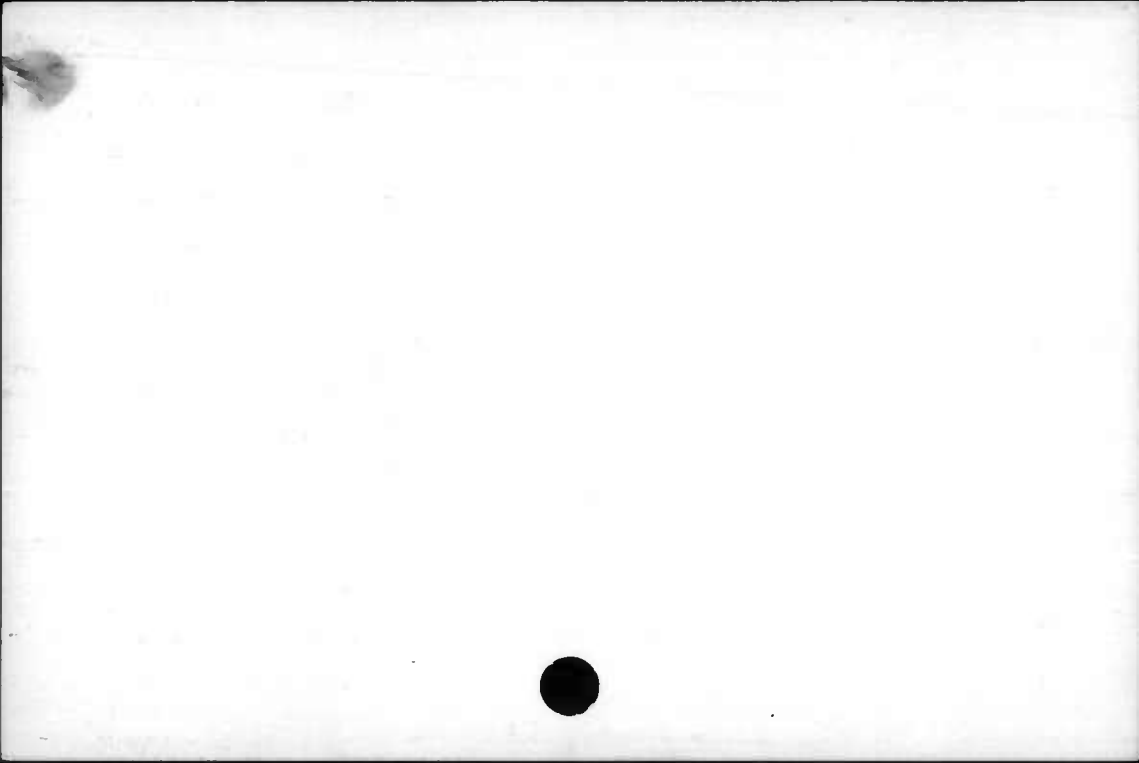
Wm. A. Marbury M.D.

Agnasco

Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lilly R. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Leeland* ^{Town}*P. G. Co* ^{County}

MARYLAND

Date
of death *1907*Month
*3*Day
16

Age

Years
*—*Months
*—*Days
*10*Sex *Female*Color or
Race*Black*Birth-
place*P. G. Co Ind*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James H. Marshall*Father's
Birthplace*P. G. Co Ind*Mother's
Maiden Name*Maggie Jones*Mother's
Birthplace*" " "*Name of person giving
information*James H. Marshall*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Don't Know

How long

179

Immediate

" "

How long

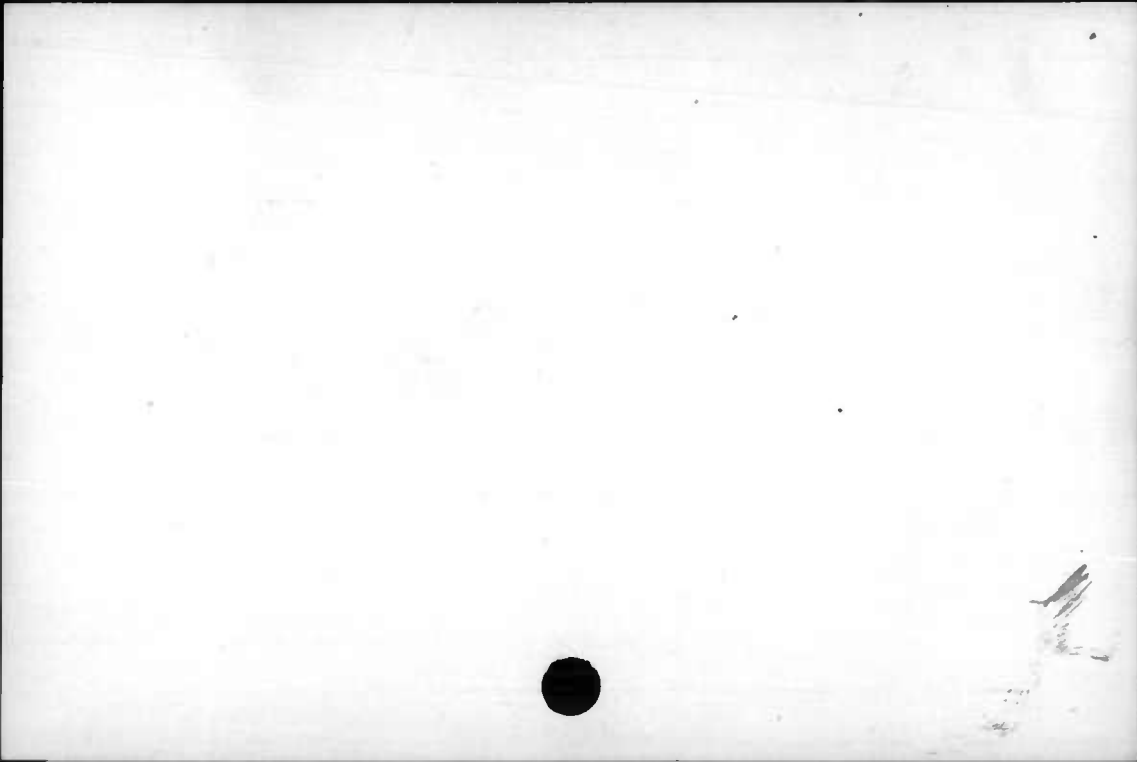
*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. C. Smith Sub Physician*

Address

Upper Marlboro Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Nellie Mathews

CERTIFICATE OF DEATH

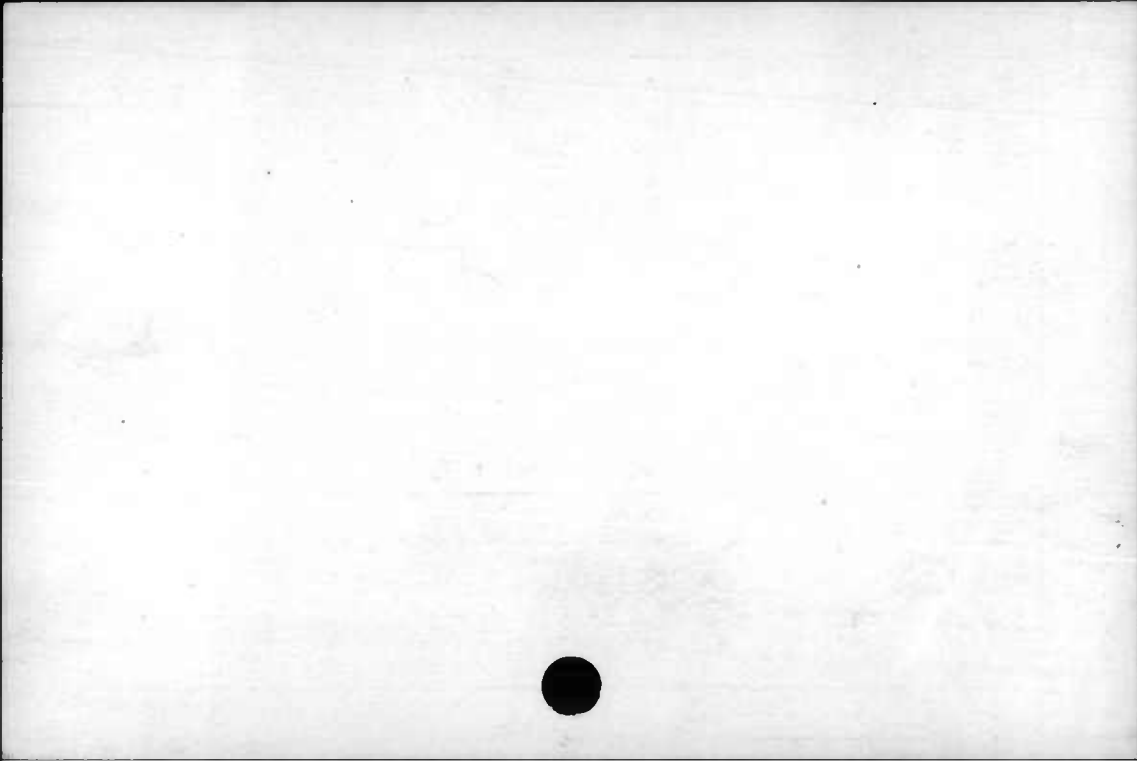
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanham		County Prince George		MARYLAND	
Date of death		1907	Month March	Day 13	Age "	Years 1	Months "
Sex Female		Color or Race Black		Birth-place Lanham			
Occupation None		Where Residing if not at place of death Lanham					
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name William Mathews		Father's Birthplace Md					
Mother's Maiden Name Fleming Williams		Mother's Birthplace Md					
Name of person giving information Horse Miller		How related to deceased Sgt. F. F. Miller					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia (?)	How long	3 days
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. F. Taylor	
		Address	
		Lanham Md	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Maryanna Maybree*

Died at *Meadows* Town *P.G.* County

Date of death *1907* Month *March* Day *19* Age *59* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housework* Where Residing if not at place of death *Meadows*

~~Married, Single~~ *Widow* Name of Wife or Husband *Bert Maybree*

Father's Name *Henry Ball* Father's Birthplace *Ind*

Mother's Maiden Name *—* Mother's Birthplace *Ind*

Name of person giving information *J. L. Boaring* How related to deceased *House*

CAUSES OF DEATH

Primary *La Grippe Pneumonia* How long *5 weeks*

Immediate *Pneumonia* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Boaring* Address *Clinton*

Accident or Suicide? *—*



Name
in
Full

Harry E Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Marlboro^{County} P. Va.

MARYLAND

Date
of death 1907

Month 3

Day 5

Years 5-0
Age 5-0

Months

Days

Sex Female

Color or
Race

white

Birth-
place

md

Occupation

House wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harry E. Miller

Father's
Name

James Cwings

Father's
Birthplace

md

Mother's
Maiden Name

Annie Cwings

Mother's
Birthplace

md

Name of person giving
In formation

Harry Miller

How related
to deceased

husband

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Grip - Pneumonia

How long

10 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Reverdy Larsson
Jeffers Marlboro
md

Accident or Suicide?



Name
in
Full

Richard W. Neill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

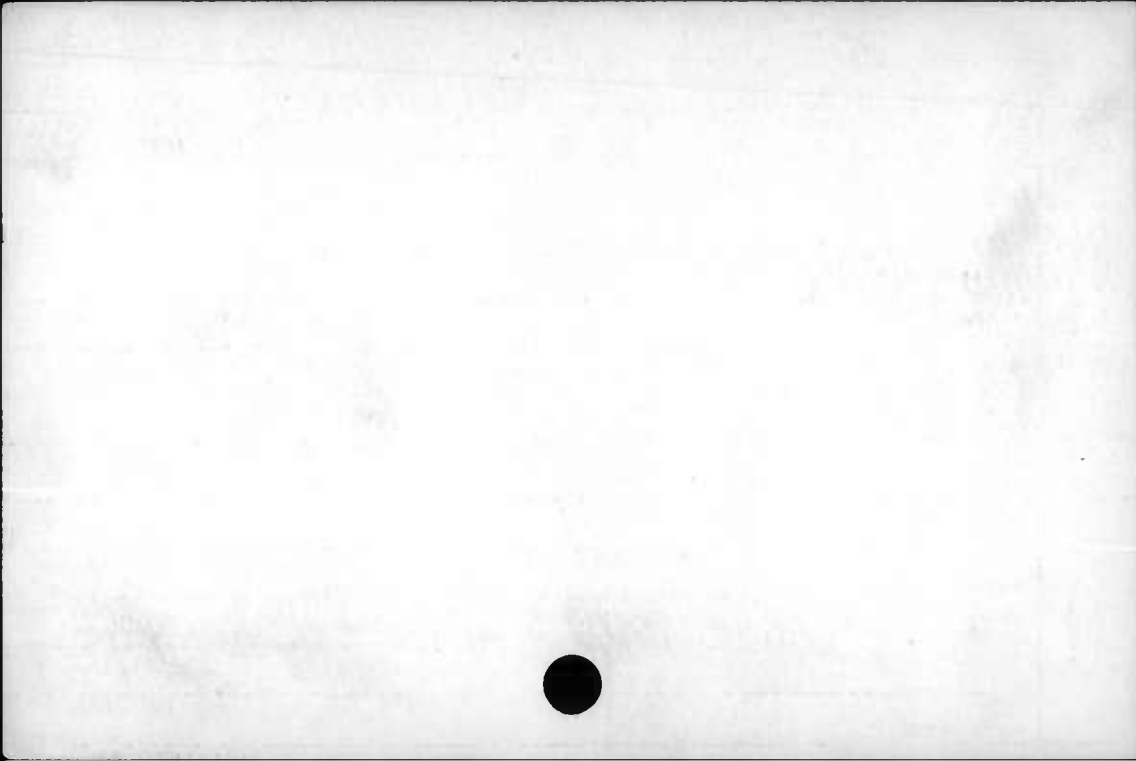
Died at <i>Chillum</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND		
Date of death 190	<i>7</i> <small>Month</small>	<i>March</i> <small>Day</small>	<i>20</i> <small>Age</small>	<i>16</i> <small>Years</small>	<i>8</i> <small>Months</small>	<i>20</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>W.D.C.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>			
Name of Wife or Husband _____						
Father's Name <i>Benjamin G. Neill</i>			Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Sarah White</i>			Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Benjamin Neill Jr</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Asper T. Parsons</i>
	Address <i>Sakomabark Rd.</i>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Newton

Died at *Rosecroft* Town*Pr. Geo.* County

MARYLAND

Date of death *1907* Month *3* Day *18*Age *52* Years

Months

Days

Sex *Female*Color or Race *Colored*Birth-place *Mo.*Occupation *House w'k*

Where Residing if not at place of death

Married, ~~Single~~
or Widowed

Name of Wife or Husband

Francis Newton

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

William Newton

How related to deceased

Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Lungs

How long

8 mos's

Immediate

Abscesses of Lungs

How long

Are the name, age, sex, color, date and place correctly given above?

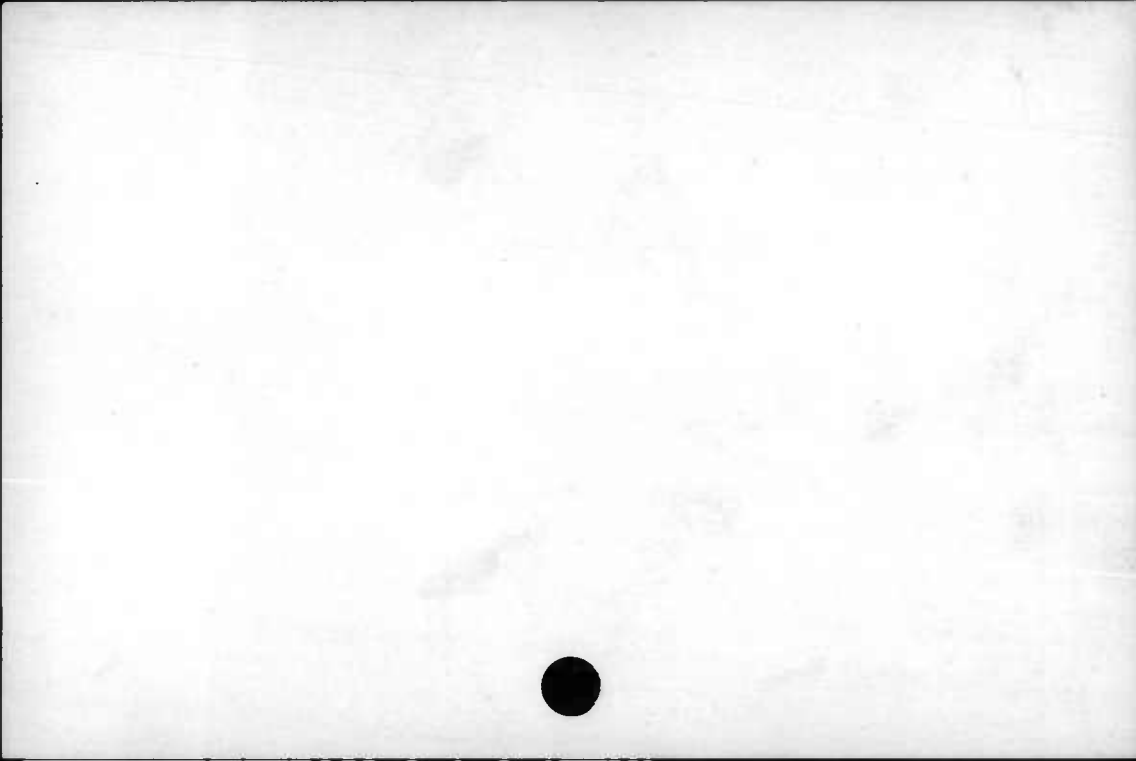
Yes

Signature of Physician

Address

*E. P. SIMPSON, M. D.**ROSECROFT,**PR. GEO. CO., MD.*

Accident or Suicide?



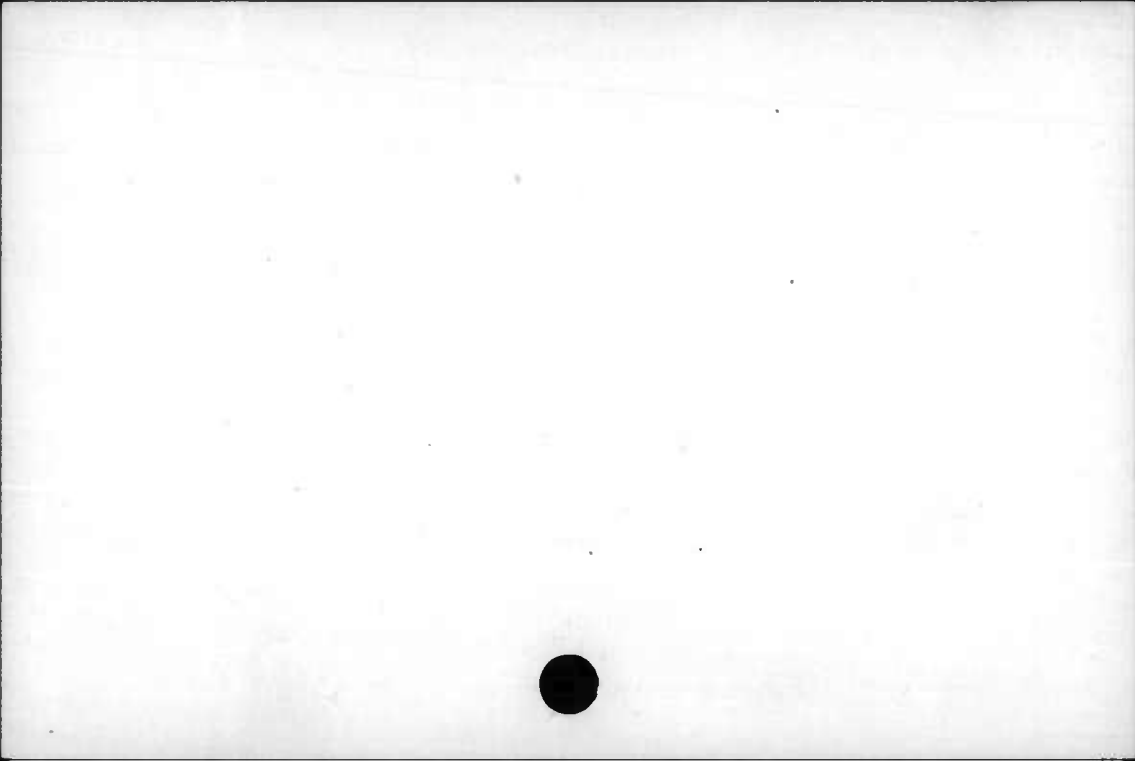
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Marbleboro.</i>		Town <i>Odessa</i>		County <i>Pruss</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>Negro*</i>		Birth-place <i>Upper Marbleboro</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or widowed			Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Lillie Odessa</i>			Mother's Birthplace <i>Marbleboro</i>				
Name of person giving information <i>Betty Odessa</i>			How related to deceased <i>Handwritten</i>				

CAUSES OF DEATH

Primary <i>Unknown</i>	179	How long <i>Don't know</i>
Immediate <i>Unknown</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. H. Gifford</i>
<i>Child only seen</i>		Address <i>Upper Marbleboro</i>
Accident or Suicide? <i>after death by 10th</i>		<i>Med</i>



Name
in
Full

CERTIFICATE OF DEATH

Mapel Parker
P. L.

Town

County

MARYLAND

Died at

Petersen

P. L.

Date

of death

1907

Month

March

Day

4

Years

Age

37

Months

Days

Sex

Female

Color or
Race

white

Birth
place

Washington DC

Occupation

Invalid

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Thomas Parker

Father's
Birthplace

Ph 60 Md

Mother's
Maiden Name

Laura Clark

Mother's
Birthplace

Washington DC

Name of person giving
Information

Mildred Parker

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Epilepsy

69

How long

18 years

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

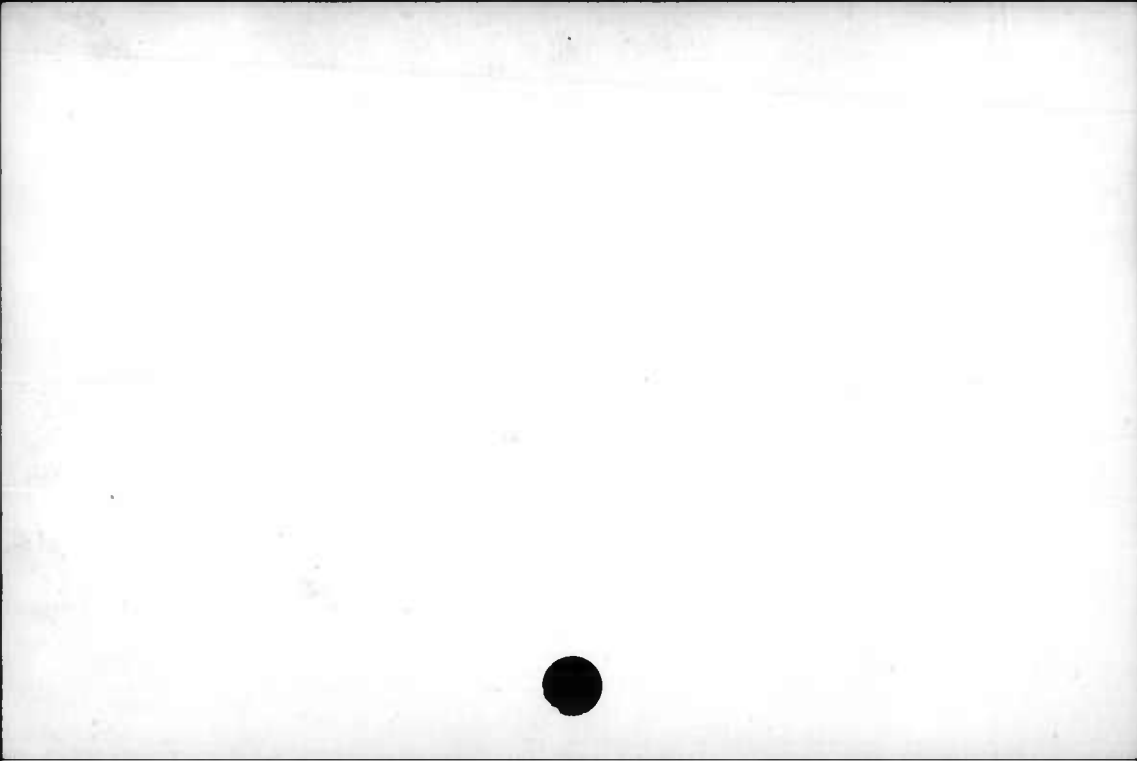
Address

John R. Butters
Spencerville
Md.

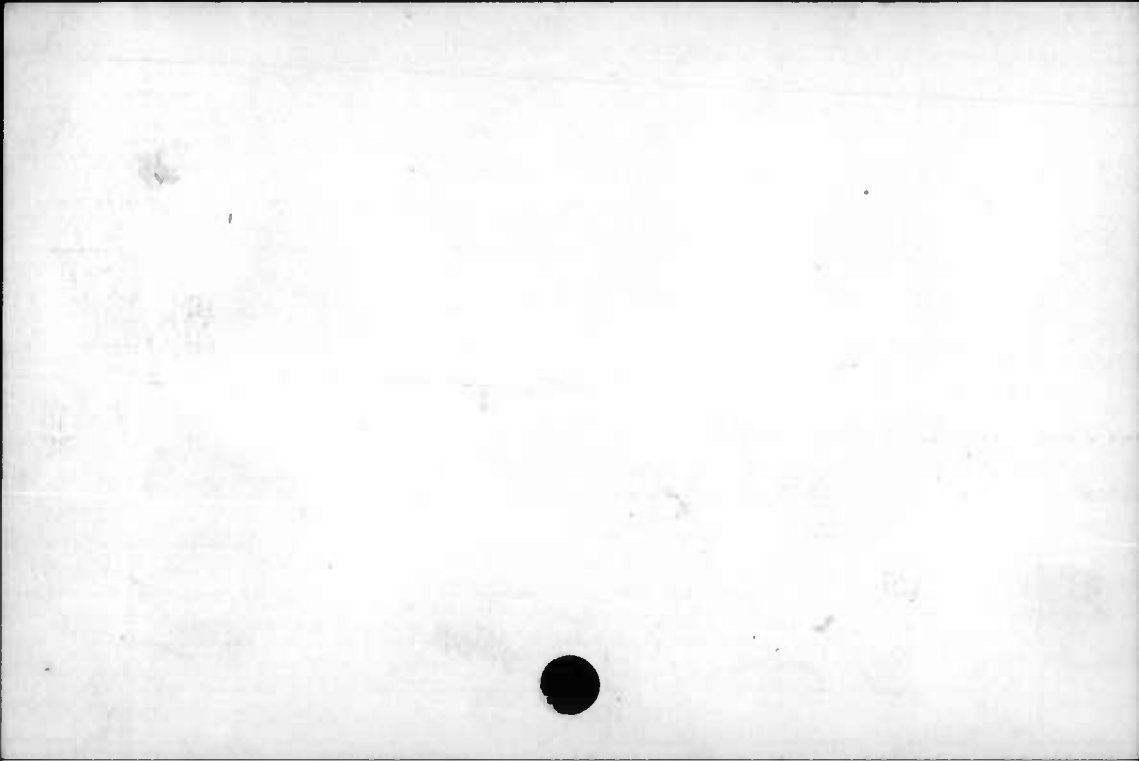
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		William Colgate Parker				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Berwyn</i> Town		County <i>Pt. Geo.</i>		MARYLAND	
		Date of death <i>1904</i> Month <i>March</i> Day <i>24</i>		Age <i>51</i> Years		Months <i>2</i> Days	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Georgetown D.C.</i>	
		Occupation <i>Printer</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>John Colgate Parker</i>		Father's Birthplace <i>Wash. D.C.</i>			
		Mother's Maiden Name <i>Annie E. Curtis</i>		Mother's Birthplace <i>Boston Mass</i>			
		Name of person giving information <i>Alfred C. Parker</i>		How related to deceased <i>Brother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Pseudo-leukemia</i>		(53)		How long <i>1 year</i>	
		Immediate <i>Leukemia</i>				How long <i>4 months</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. D. Etienne</i>			
				Address <i>Berwyn Md.</i>			
		Accident or Suicide?					



Name
In
Full

Phyueldo W Perrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Westwood* TownCounty *Ar Geo*Date of death *1907* Month *mch*Day *9*Age *84* Years

Months

Days

Sex *Male*Color or Race *White*Birth place *Md*Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Imogene Canrad*Father's Name *Lloyd Perrie*Father's Birthplace *Md*Mother's Maiden Name *Nancy Warren*Mother's Birthplace *Md*Name of person giving information *Nelson Perrie*How related to deceased *Son*

CAUSES OF DEATH

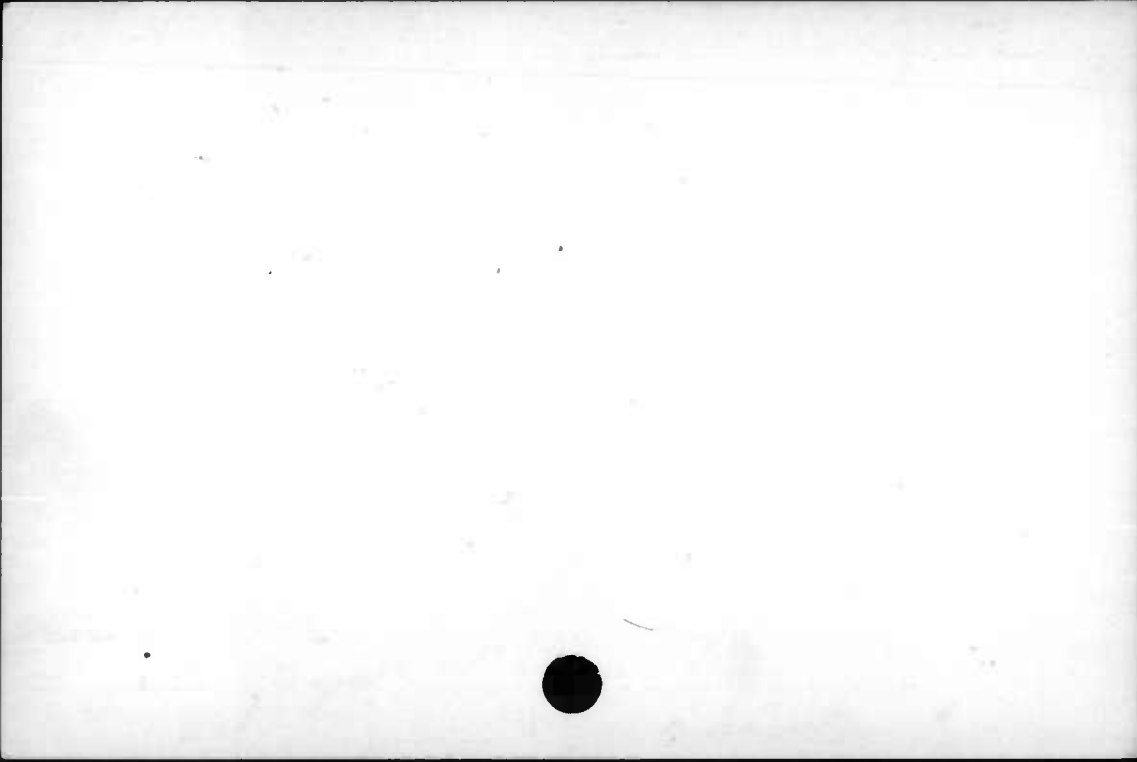
Primary *Pneumonia***(93)**How long *3 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*Signature of Physician *W. H. Gibbons*Address *Croom Md.*

Accident or Suicide?



Name
in
Full

Van Lear Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Hyattsville* Town *Prince* County *Geo.* MARYLAND

Date of death *1907* Month *March* Day *8* Age *38* Years Months Days

Sex *Male* Color or Race *White* Birth-place *N. Va.*

Occupation *Physician* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth T. Green*

Father's Name *Van Lear Perry* Father's Birthplace *M.D.*

Mother's Maiden Name *Eliza M. Atkinson* Mother's Birthplace *Va.*

Name of person giving information *Eliza M. Perry* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Apoplexy* How long *6 hrs*

Immediate *Syncope* How long *2 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. W. R. Palmer*

Address *Hyattsville*

Accident or Suicide? *Neither*

Mrs. Eliza M. Perry,

Charles Town,

Jeff Co.

10. 6th

Name
in
Full

George S. Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

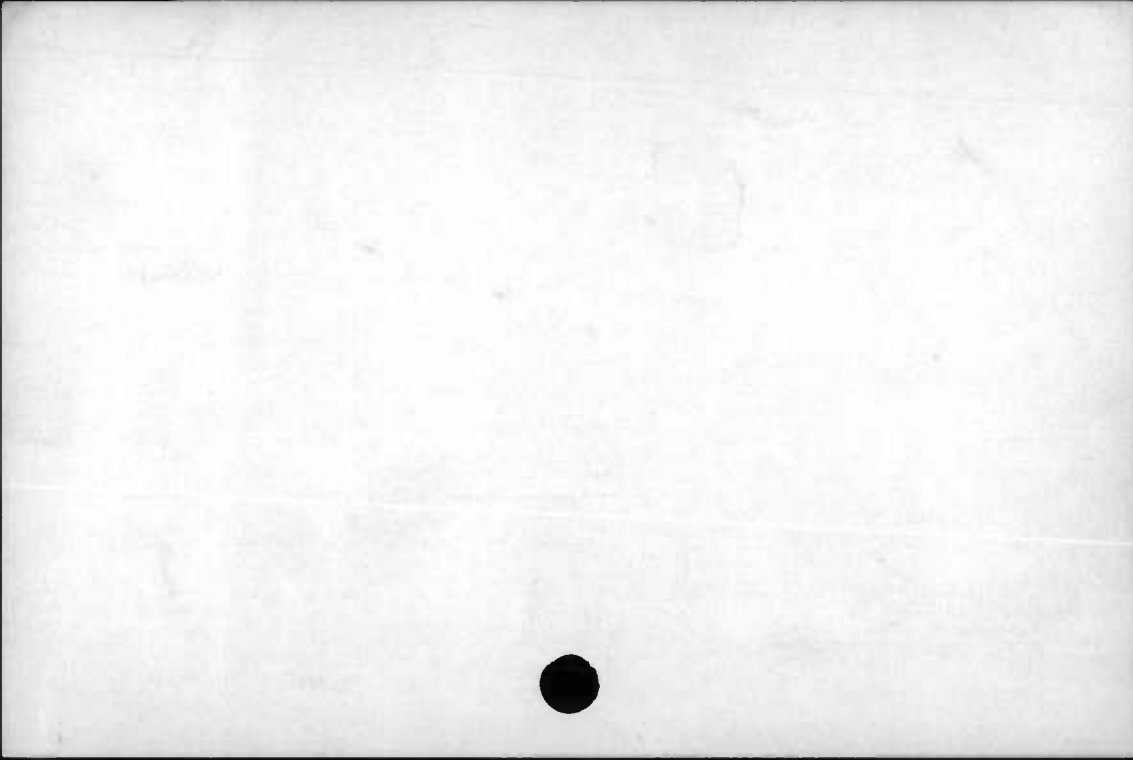
Died at <i>Capitol Heights</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Mar</i> <small>Month</small>		<i>23</i> <small>Day</small>	<i>70</i> <small>Years</small>	<small>Months</small>	<small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Vt.,</i>			
Occupation <i>Seamster</i>		Where Residing if not at place of death <i>—</i>			
Married, — <i>Married</i>	Name of Wife or Husband <i>Helen Phillips</i>				
Father's Name <i>George S. Phillips</i>	Father's Birthplace <i>Vermont</i>				
Mother's Maiden Name <i>Betsey Hodgkins</i>	Mother's Birthplace <i>Mass.</i>				
Name of person giving information <i>Arthur P. Boyington</i>		How related to deceased <i>Son in Law</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular heart disease</i>	How long <i>Two years</i>
Immediate <i>Exhaustion</i>	How long <i>about 20 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. A. Schoonover</i>
<i>Yes.</i>	Address <i>203 Anacostia Ave Berminj., D. C.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Corry Pinkney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Rosemyer* Town*P. G.* County

MARYLAND

Date of death *1907* *3* Month*28* DayAge *20* Years

Months

Days

Sex *female*Color or Race *Colored*Birth-place *Ind*Occupation *House girl*

Where Residing if not at place of death

Married, Single or Widowed *Widow*

Name of Wife or Husband

*Charles Pinkney*Father's Name *Geo. Hawkins*Father's Birthplace *Ind*Mother's Maiden Name *Christiana Wilson*Mother's Birthplace *Ind*Name of person giving information *Geo. Hawkins*How related to deceased *father*

CAUSES OF DEATH

27Primary *Pulmonary Tuberculosis*How long *6 or 8 months*Immediate *Asthenia*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

John A. Cor
J.B. Ind

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

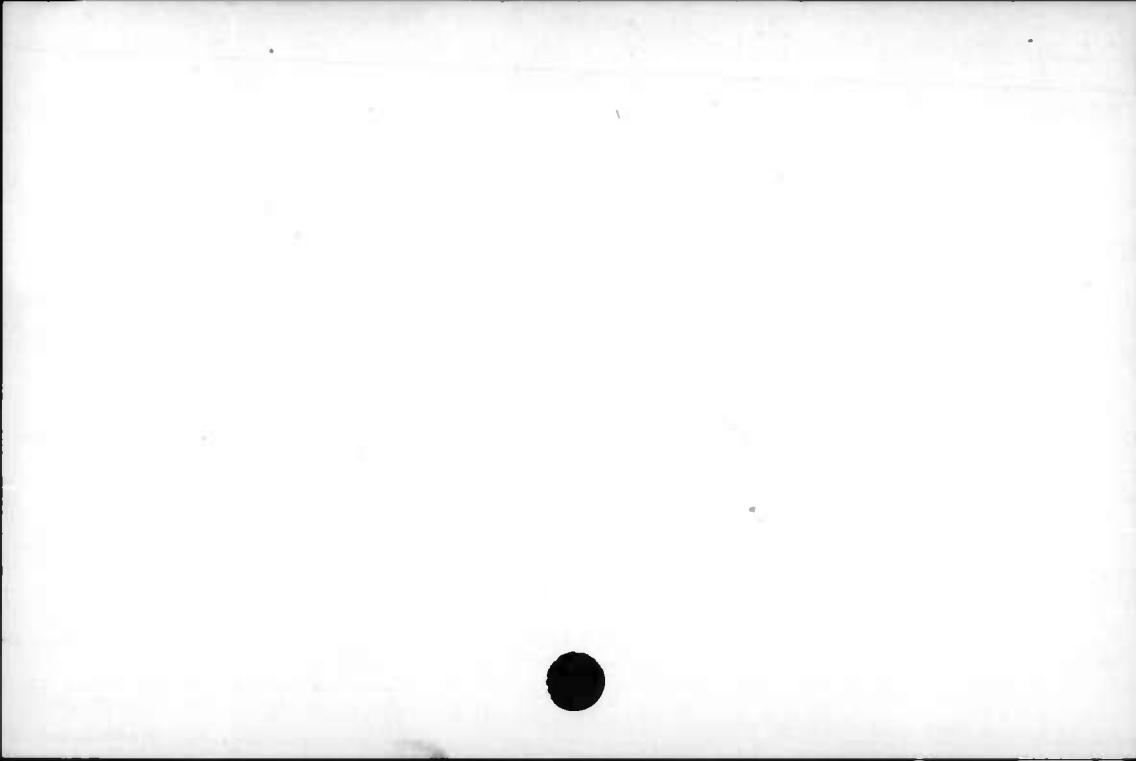
Name in Full <u>Hanson Pinkney</u>		Town <u>Westwood</u>		County <u>Prince George</u>		MARYLAND	
Died at <u>Westwood</u>		Month <u>Mar</u>		Day <u>23</u>		Age <u>65</u>	
Date of death <u>1907</u>		Month <u>Mar</u>		Day <u>23</u>		Age <u>65</u>	
Sex <u>male</u>		Color or Race <u>Colored</u>		Birth-place <u>Westwood</u>			
Occupation <u>farmer</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Christiana Pinkney</u>					
Father's Name		Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>			
Mother's Maiden Name		How related to deceased <u>son</u>					
Name of person giving information <u>Thomas Pinkney</u>							

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Organic Heart Disease</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. Morton Bower</u>
		Address <u>Aguares Md.</u>
Accident or Suicide?		



Name
in
Full

Olivia Randall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

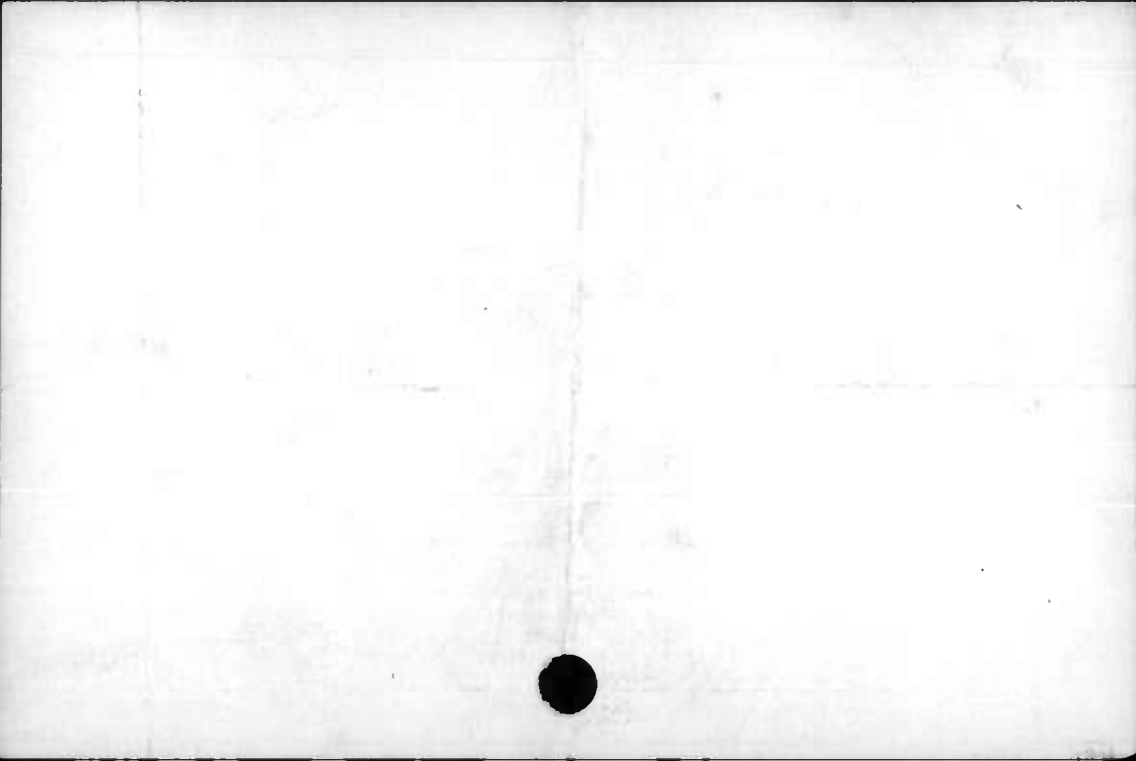
Died at ^{Town} Lakeland		^{County} Pr. Geo		MARYLAND	
Date of death	1907	Month	Feb	Day	4
Age	21	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Ind
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	George Randall		
Father's Name	Benj. Douglass		Father's Birthplace	Ind.	
Mother's Maiden Name	Rebecca Carter		Mother's Birthplace	Ind.	
Name of person giving information	George Randall		How related to deceased	Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 months
Immediate	Hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. H. Starnes
		Address	Berwyn Ind
Accident or Suicide?			

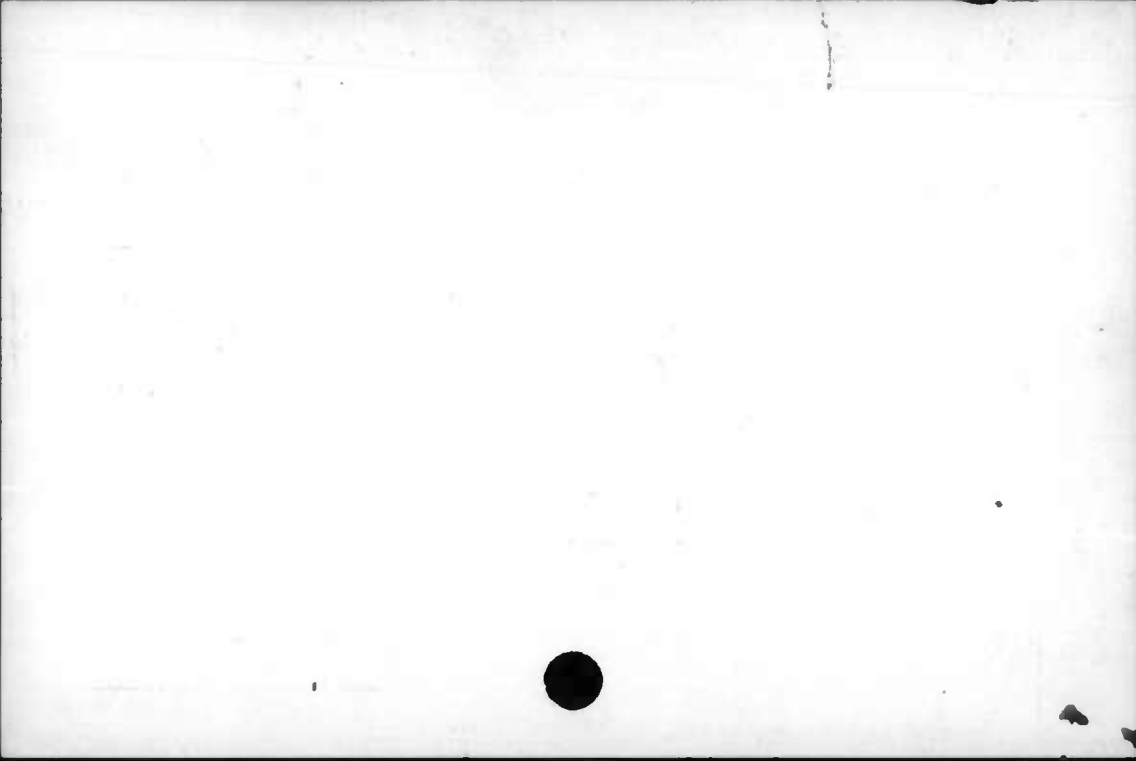


Name in Full Sarah Reeder		CERTIFICATE OF DEATH	
Died at Aguasco Town		Prince Georges County	
Date of death 1907 Month March Day 16		Age 76 Years Months Days	
Sex Female		Color or Race Colored	
Occupation Housewife		Birth-place MD	
Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband Unknown	
Father's Name Peter Harnall		Father's Birthplace Unknown	
Mother's Maiden Name Alice Harnall		Mother's Birthplace Unknown	
Name of person giving Information Peter Reeder		How related to deceased son	
CAUSES OF DEATH			
Primary Chronic Nephritis		How long 2 years	
Immediate Chaustration		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. M. Bower	
		Address Aguasco MD	
Accident or Suicide? no			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

120



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

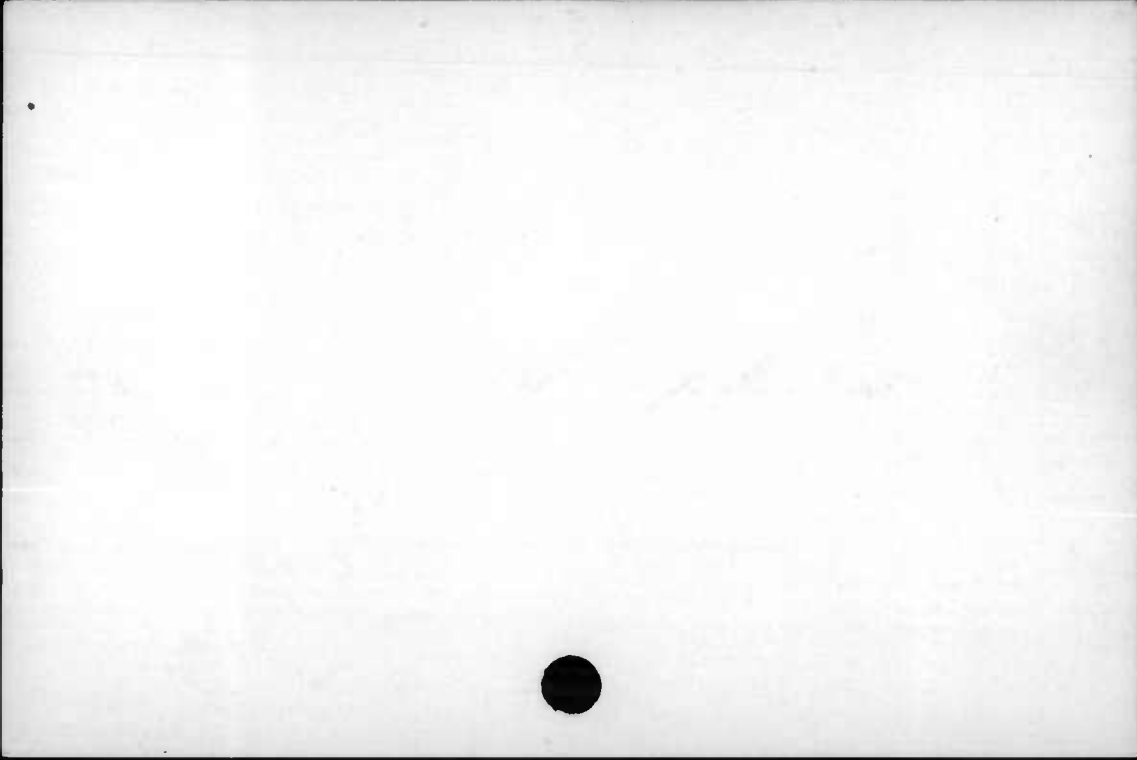
Name <i>Amanda Scott</i>		Town <i>Westwood</i>		County <i>P. G.</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>15</i>		Years <i>25</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Calcutta</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Dr. Scott</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>South India</i>					
Mother's Maiden Name <i>Dr. Scott</i>		Mother's Birthplace <i>South India</i>					
Name of person giving information <i>Hick Scott</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ed. H. Gibbons</i>	
		Address <i>Crom. Md.</i>	
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

Rosey Scott

Town

County

MARYLAND

Died at

Westwood

Prince George

Date

Month

Day

Years

Months

Days

of death

1907

March

22

Age

10

Sex

female

Color or
Race

colored

Birth-
place

Westwood Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Albert Scott

Father's
Birthplace

Westwood

Mother's
Name

Julia Scott

Mother's
Birthplace

"

Name of person giving
Information

Albert Scott

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

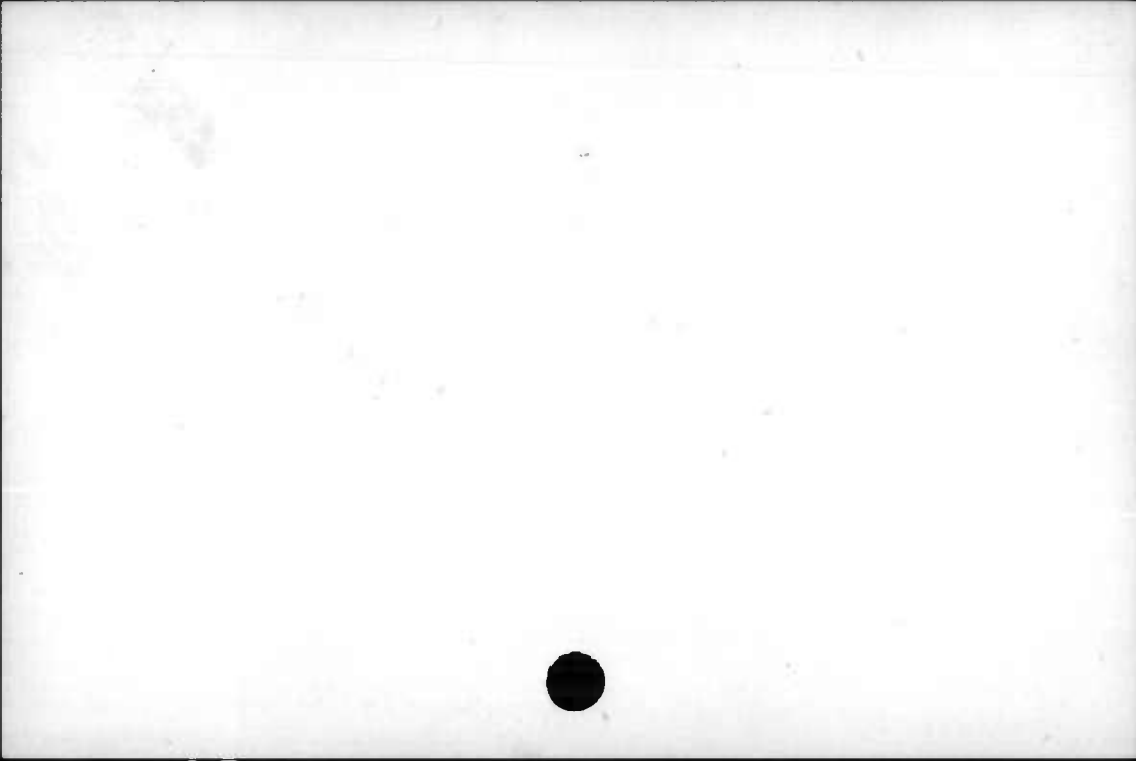
Signature of
Physician

Address

H Morton Bowen
Cigwasso
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Sciby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Bowie Town Prince Georges County MARYLAND

Date of death 1907 Month March Day 21 Age 73 Years Months Days

Sex Female Color or Race White Birth-place Germany

Occupation House wife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband John Sciby

Father's Name John Reun Father's Birthplace Germany

Mother's Maiden Name Ant-John Mother's Birthplace Germany

Name of person giving information George Smith How related to deceased Son-in-law

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Valvular Disease of How long 2 hours

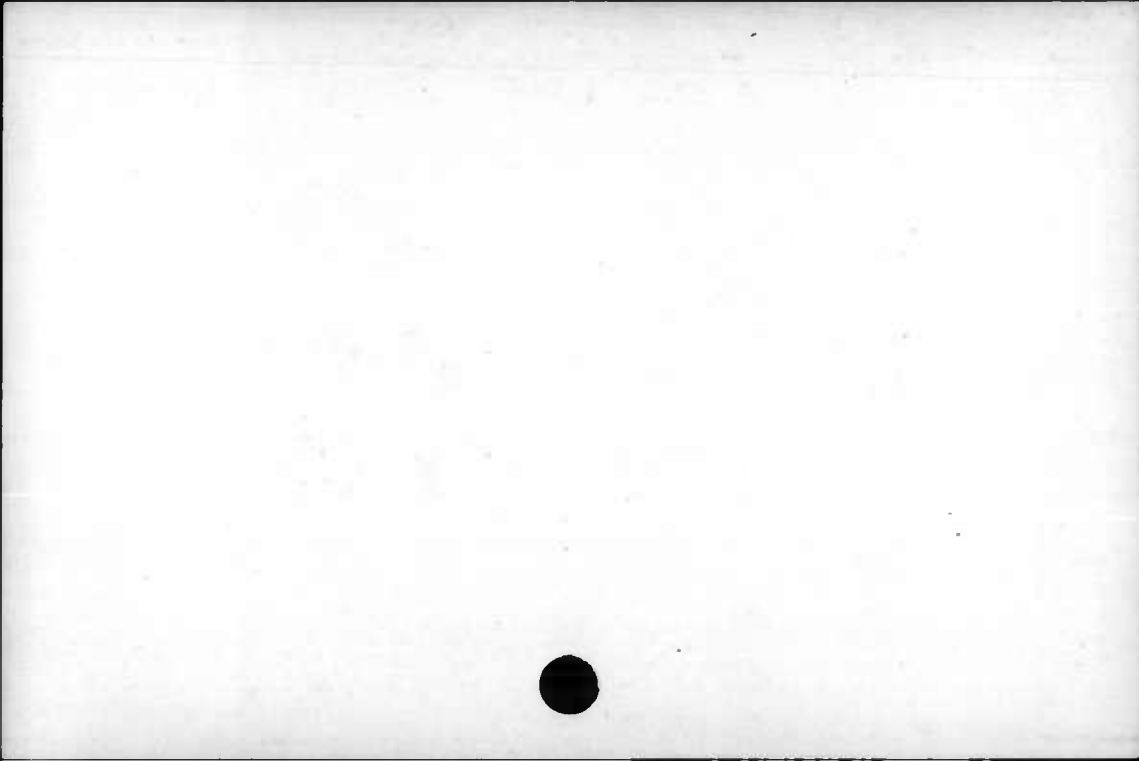
Immediate Heart How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Nelson A Ryan M.D.

Address Bowie

Accident or Suicide? no md



Name
in
Full

CERTIFICATE OF DEATH

Howard J. Spriggs
 Died at Broad Creek ^{Town} Pr. Geo. ^{County}

MARYLAND

Date of death 1907 ^{Month} 3 ^{Day} 11 ^{Years} 25 ^{Months} — ^{Days} —

Sex male Color or Race Black Birth-place Md.
 Occupation Light Chores. Idiotic Where Residing if not at place of death Robert Smith's

☒ Married, Single or Widowed Name of Wife or Husband —

Father's Name Tillman Spriggs

Father's Birthplace Md.

Mother's Maiden Name Charlotte A. Stewart

Mother's Birthplace Md.

Name of person giving information Robert Smith

How related to deceased Friend

CAUSES OF DEATH

Primary Valvular Heart Lesion

How long 79

Immediate Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. P. SIMPSON, M. D.

Address

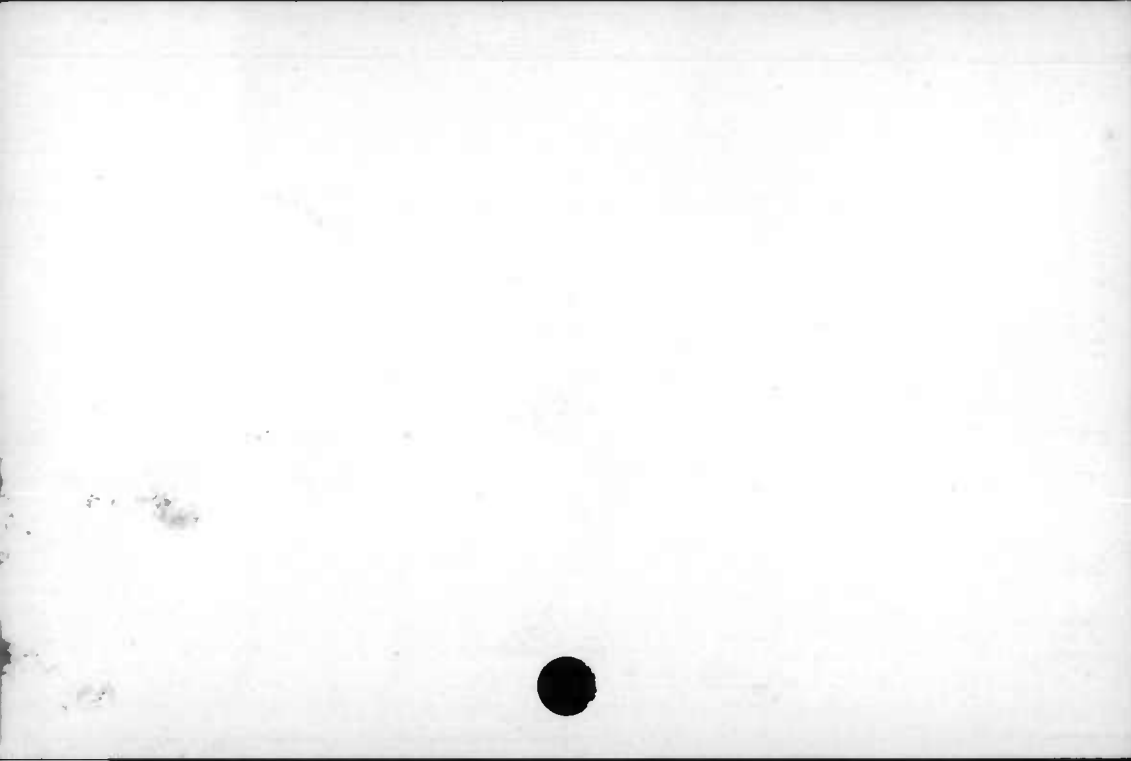
ROSECROFT,

PR: GEO: CO., MD:

Accident or Suicide?

☒

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Martha C. Stamp*
New Blotz Town *Pr Geo.* CountyDate of death *1907* | *3* Month | *10* Day | *68* Years | *68* Age | *68* Months | *68* DaysSex *Female* Color or Race *White* Birth-place *Mo.*Occupation *House* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *John Stamp*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *John Stamp Jr* How related to deceased *Son*

CAUSES OF DEATH

108

Primary *Strangulated Hernia* How long *3 days*
Shock ImmediateAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

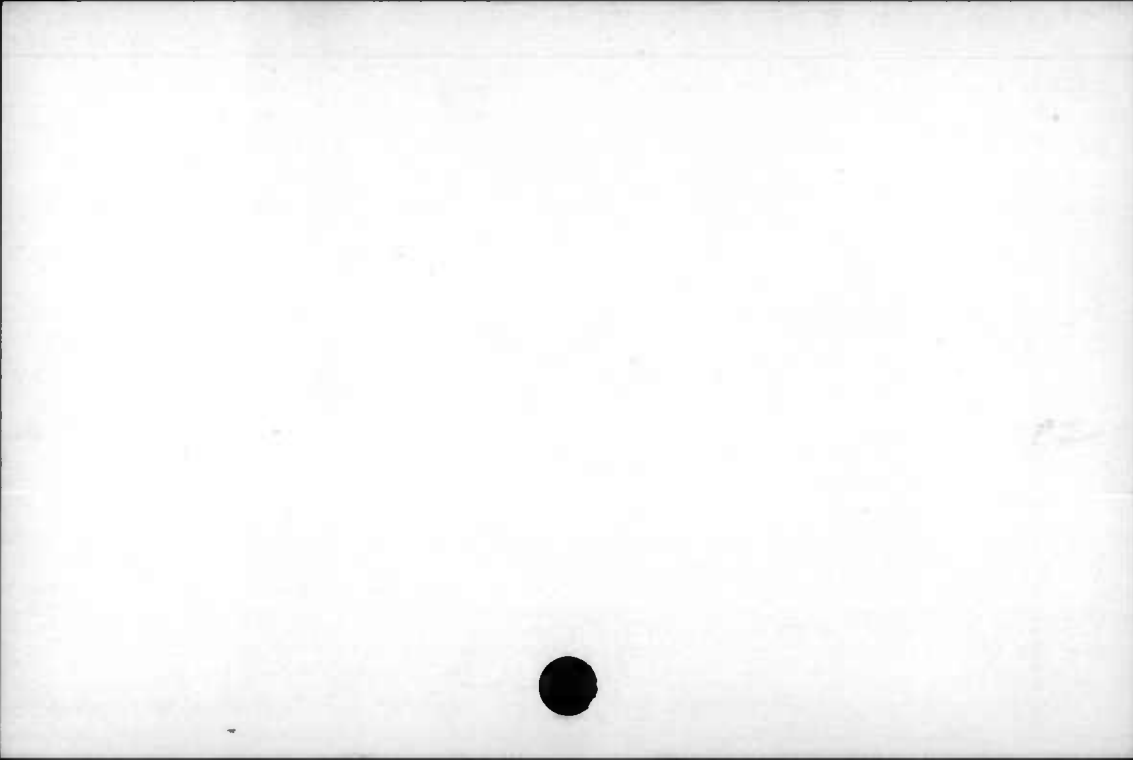
Address

E. P. SIMPSON, M. D.

ROSECROFT,

PR: GEO. CO., MD:

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

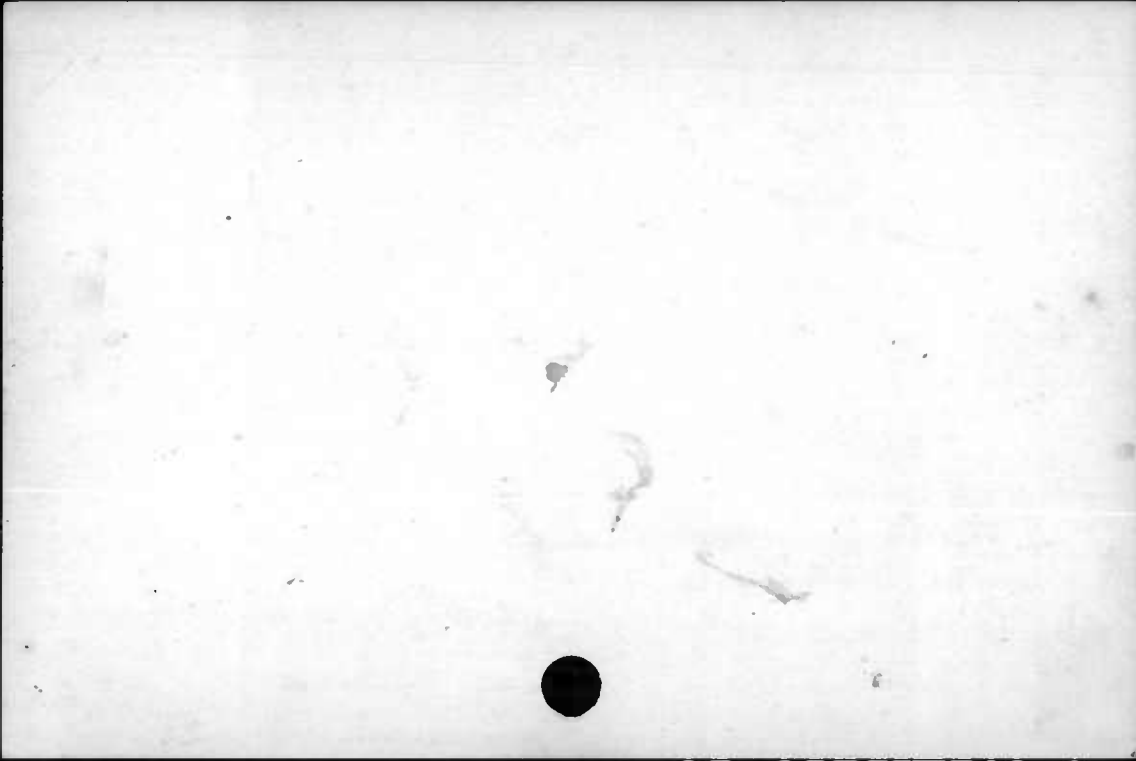
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Pearl Stephenson</i>		Town <i>Forestville</i>		County <i>Alleo</i>		MARYLAND	
Died at		Month <i>3</i>		Day <i>30</i>		Years <i>1</i>	
Date of death <i>1907</i>		Age <i>6</i>		Months <i>6</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Coloured</i>		Birth-place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Illegitimate</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Georgie Stephenson</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>James Stephenson</i>		to deceased <i>Grandfather</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Worms</i>	(107)	How long <i>2 weeks</i>
Immediate <i>Dionrhora</i>		How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John E. Sausburg</i>
		Address <i>Forestville md</i>
Accident or Suicide? <i>neither</i>		



Name
in
Full

Henry William Thies

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Laurel* ^{Town} *Pr Geo.* ^{County} **MARYLAND,**

Date of death 1907 ^{Month} 3 ^{Day} 11 ^{Age} 68 ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Germany.*

Occupation *Baker* Where Residing if not at place of death *Laurel Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Anna Thies*

Father's Name *Henry Wm Thies* Father's Birthplace *Germany*

Mother's Maiden Name *Thies* Mother's Birthplace *Germany.*

Name of person giving information *H. W. Thies* How related to deceased *Son.*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Gastric Ulcer* *repeated*

Immediate *trauma.*

Are the name, age, sex, color, date and place correctly given above?

Yes

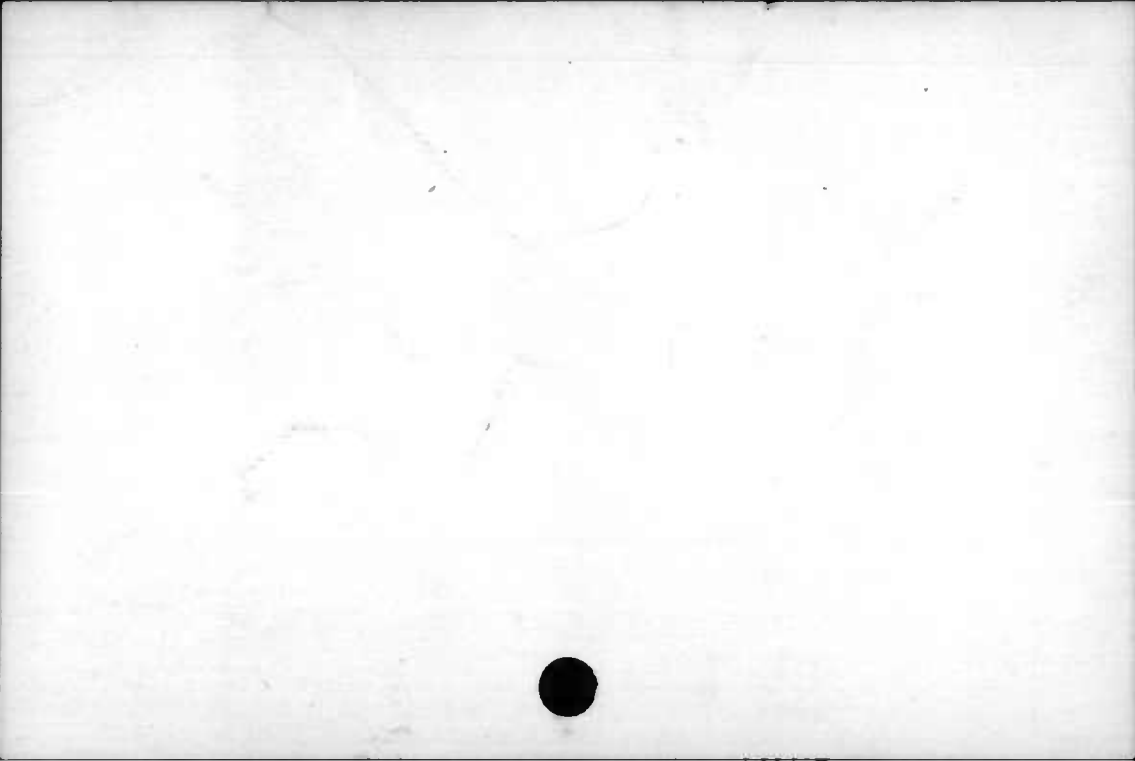
Signature of Physician

Address

Dr. Ryerly

Laurel Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

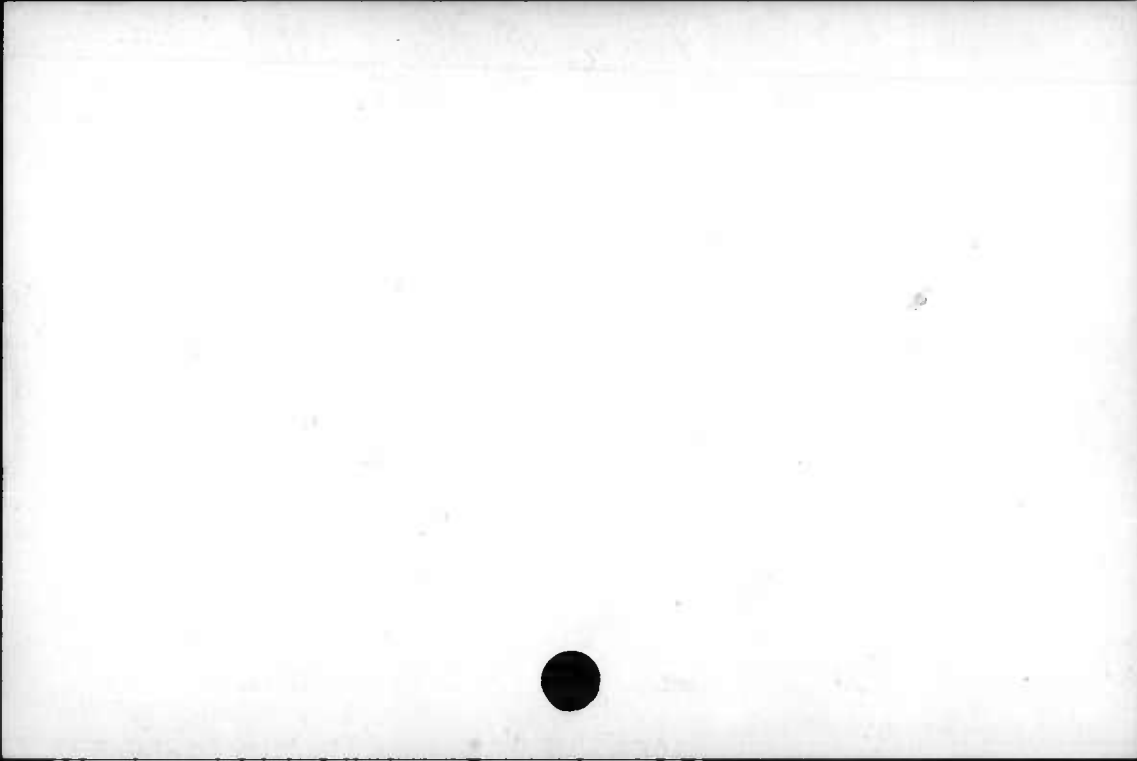
Died at <i>Alma's House</i>		Town <i>Alma</i>		County <i>Pikes</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>8</i>		Age <i>63</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pikes Md.</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>unknown</i>		Mother's Birthplace <i>unknown</i>	
Father's Name <i>unknown</i>		Mother's Maiden Name <i>unknown</i>		Name of person giving information <i>Samuel Allen</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>2 yrs</i>
Immediate	<i>old age Bed sores</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Wm E. Sausbury</i>	
		Address <i>Health Officer</i>	
Accident or Suicide? <i>neither</i>		<i>Farmville Md.</i>	



Name
in
Full

David Thomas

CERTIFICATE OF DEATH

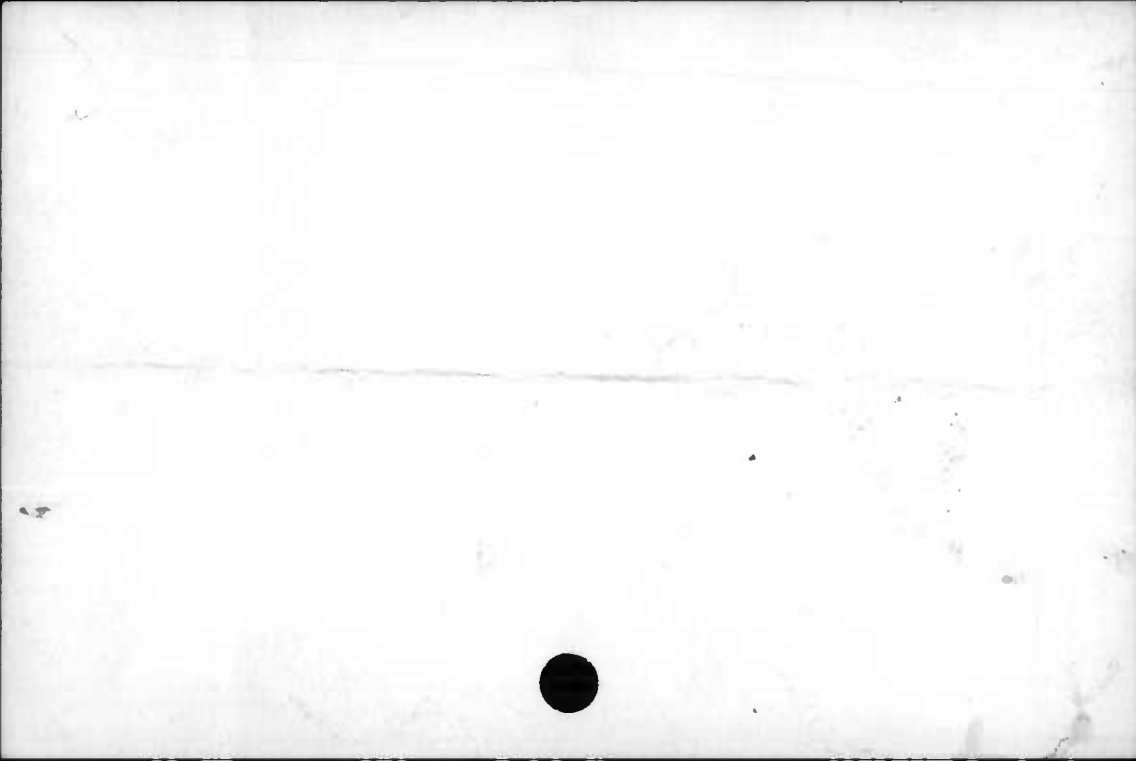
TO BE ANSWERED BY
NEAREST FRIEND


Died at <i>Bladensburg</i> ^{Town}		<i>Pr "Geo"</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Mar</i> ^{Month}	<i>8</i> ^{Day}	Age <i>76</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>North Carolina</i>		
Occupation <i>Labourer</i>			Where Residing if not at place of death <i>Bladensburg</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henriette Thomas</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Henriette Thomas</i>		How related to deceased <i>wife</i>		

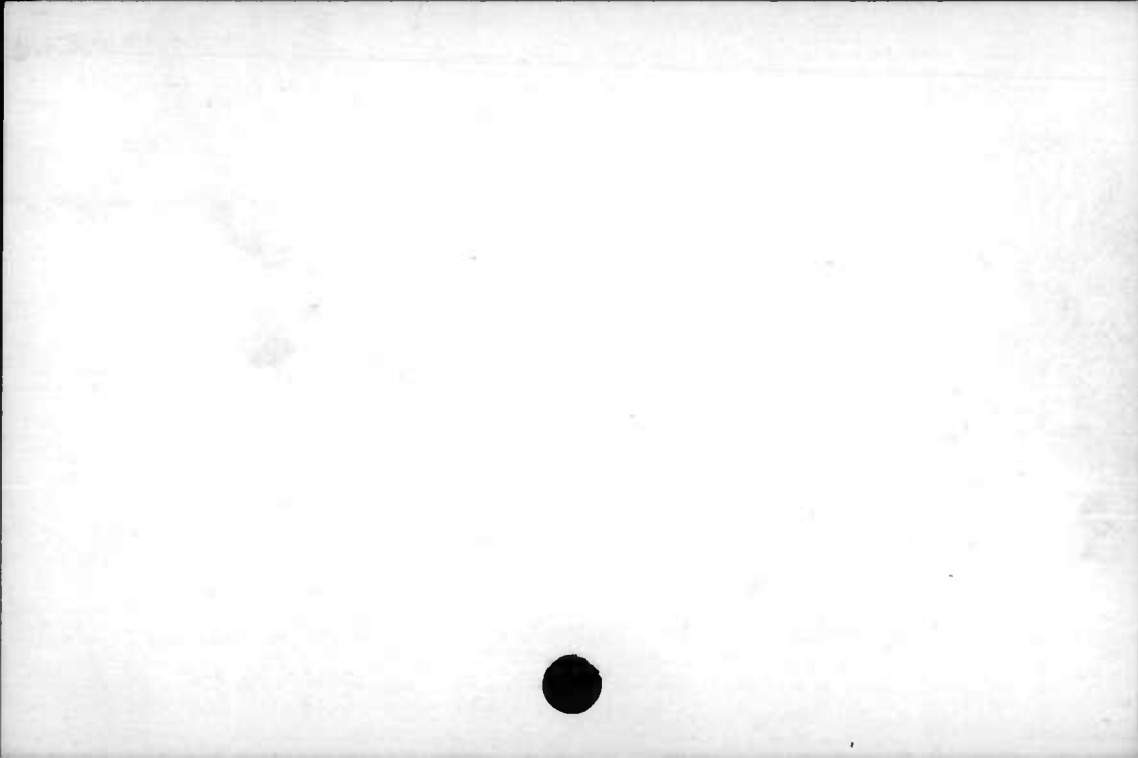
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>erip</i>	How long <i>2 months</i>
Immediate <i>erip</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Willis</i>
	Address <i>Hyaltsville</i>
Accident or Suicide? <i>No.</i>	<i>Med.</i>



Name in Full		Emma E. Towler				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Acetukuk Town		P.B. County		MARYLAND		
	Date of death	1907	3 Month	19 Day	Age 47. Years	Months	Days	
	Sex	female		Color or Race	white		Birth-place	ma
	Occupation	Unknown			Where Residing if not at place of death			
	Married, Single or Widowed	widow		Name of Wife or Husband	L. B. Towler			
	Father's Name	Edw. J. Jones				Father's Birthplace	Va	
	Mother's Maiden Name	Margaret Sutton				Mother's Birthplace	Va	
Name of person giving information	Mrs Anna Underwood				How related to deceased	Sister		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;"> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">27</div> </div>								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	10 or 15 years	
	Immediate	Asthma				How long		
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	John A. Cor	
						Address	J. B. Md	
<div style="text-align: center;">  </div>								
Accident or Suicide? <input checked="" type="checkbox"/> P.B. Co.								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia White* Town *Callington* County *N.Y.*

Died at *Callington* *N.Y.*

Date of death *1907* Month *Feb* Day *20* Age *46* Years Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *Ind.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Benj White*

Father's Name *Andre* Father's Birthplace *Ind.*

Mother's Maiden Name *Bessie* Mother's Birthplace *Ind.*

Name of person giving information *Wm White* How related to deceased *Son*

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary *Gangrene* How long *5 days*

Immediate *Asphyxia* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

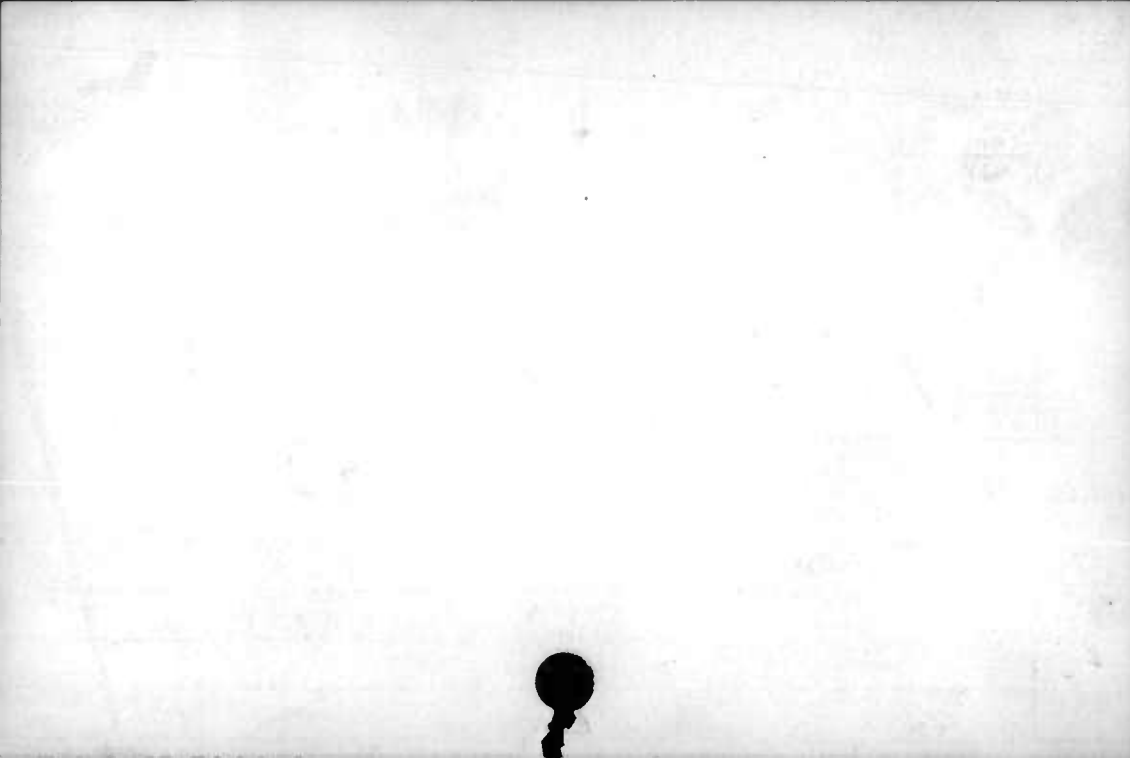
Wm H. Moore M.D.

Springfield

Ind.

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

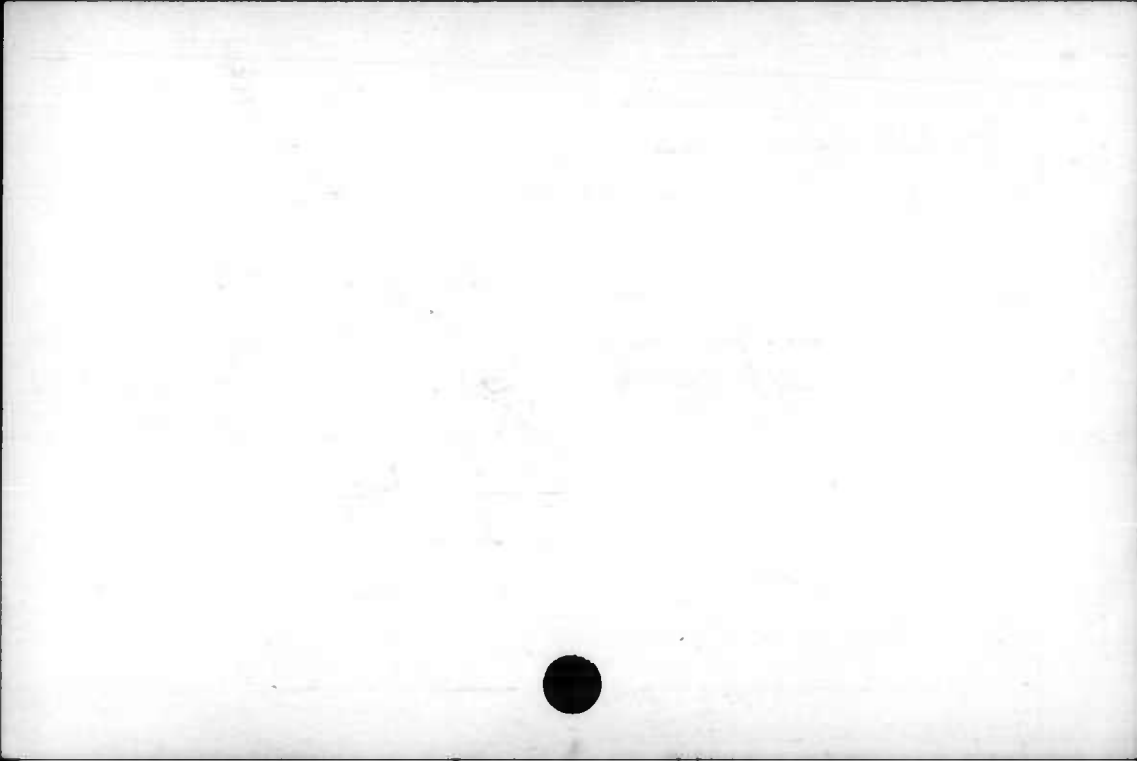
Name in Full <i>Eva Shillet</i>		Town <i>near Accokeek</i>		County <i>Pr. Gen.</i>		MARYLAND	
Died at <i>near Accokeek</i>		Month <i>March</i>		Day <i>13</i>		Years <i>4</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>13</i>		Years <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Accokeek Md.</i>		Months <i>8</i>	
Occupation <i>none</i>		Where Residing if not at place of death		Days <i>-</i>			
Married, Single or Widow		Name of Wife or Husband					
Father's Name <i>George C. Shillet</i>		Father's Birthplace <i>Accokeek Md.</i>					
Mother's Maiden Name <i>Margaret A. Dixon</i>		Mother's Birthplace <i>Washington D.C.</i>					
Name of person giving information <i>Mr. J. Smith</i>		How related to deceased <i>Not related</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Lobular pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Hart, M.D.</i>
	Address <i>Fort Hunt, Va.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

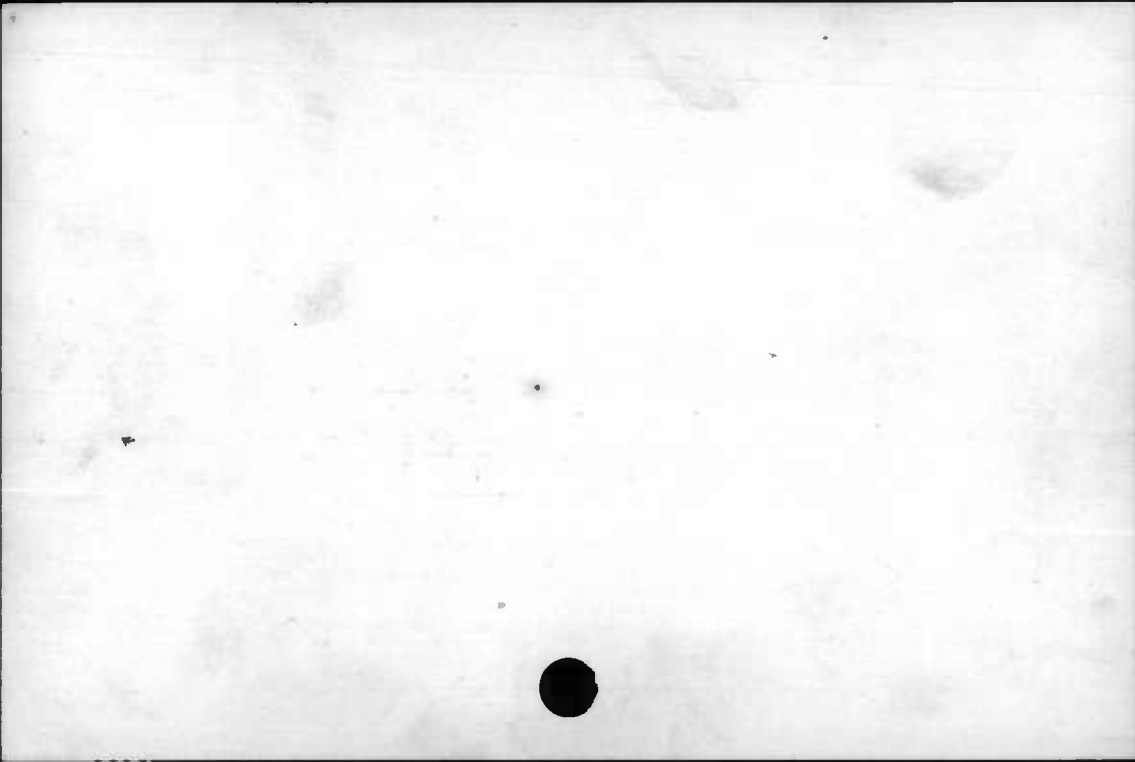
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nameltss</i>		Wills		County	
Died at <i>St. Barnabas</i>		Town <i>Pr Geo</i>		MARYLAND	
Date of death	1907	Month	3	Day	28
Age		Years		Months	Stillborn
Sex	Male	Color of Race	Colored	Birth-place	Md.
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	—		Name of Wife or Husband		
Father's Name	Eugene Wills			Father's Birthplace	Md.
Mother's Maiden Name	Jane Hall			Mother's Birthplace	Md.
Name of person giving information	Eugene Wills			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn	How long	(S)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	E. P. Simpson MD
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

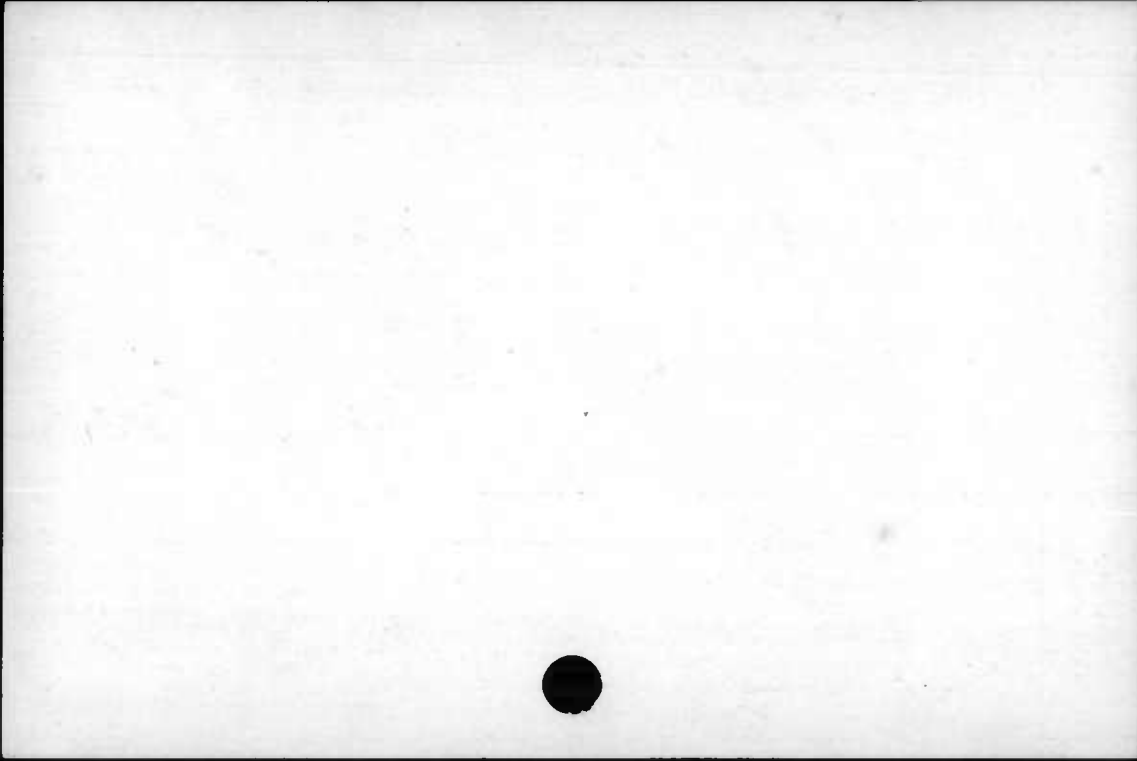
Died at			Town		County	
Date of death			1907	Month	Day	Age
Sex			Female		Color or Race	White
Occupation			Nurse		Where Residing if not at place of death	
Married, Single or Widowed			Yes		Name of Wife or Husband	
Father's Name			James G. Gibson		Father's Birthplace	
Mother's Maiden Name			Elizabeth E. McArthur		Mother's Birthplace	
Name of person giving information			Gray McArthur		How related to deceased	

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	not determined	How long	—
Immediate	Intra-Cranial hemorrhage	How long	suddenly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. F. Taylor	
		Address	
		Laurel Md	
Accident or Suicide?			



Name
in
Full

George W. Wilson

CERTIFICATE OF DEATH

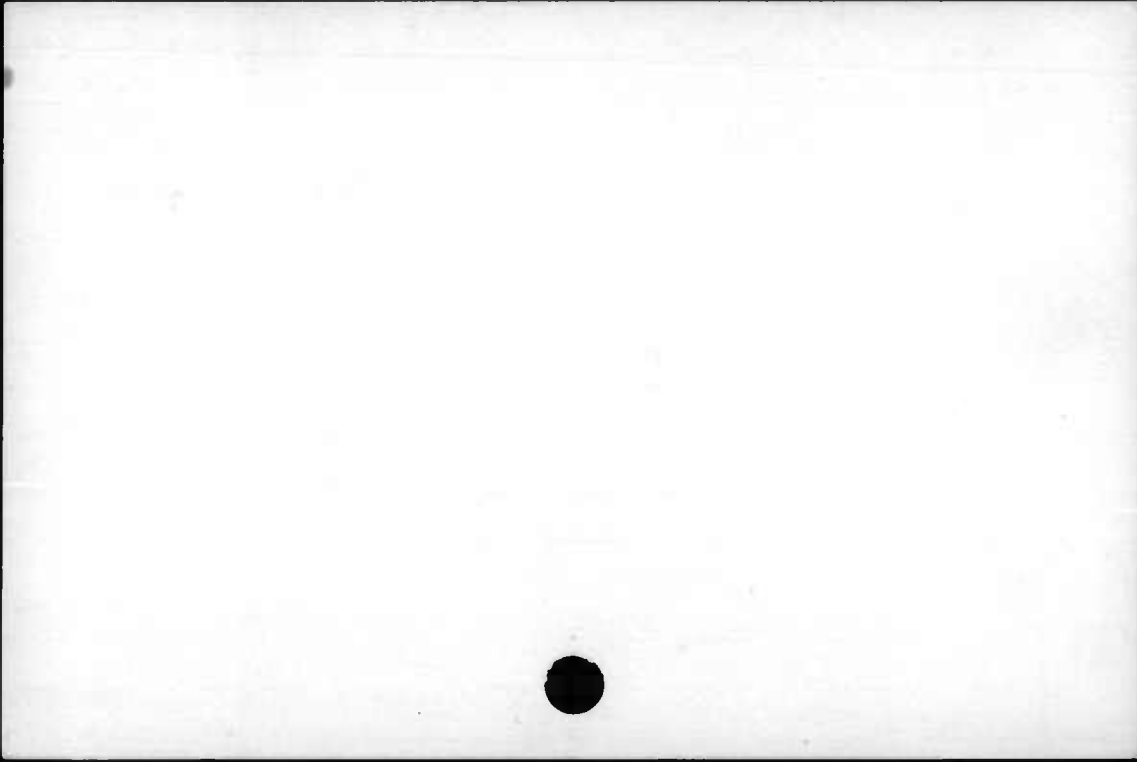
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro'</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>15</i>	Age <i>64</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Upper Marlboro'</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella (Carpenter) Wilson</i>						
Father's Name <i>George W. Wilson</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Mary A. Lynch</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>George W. Wilson Jr.</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	(66)	How long <i>About</i>
Immediate <i>Exhaustion</i>		How long <i>2 Years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Mareen O. Humes M.D.</i>	
	Address <i>Upper Marlboro'</i>	
	<i>Ind</i>	
Accident or Suicide?		



Name
in
Full

Washington S. Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forestville</u> ^{Town}		<u>P. G.</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>30</u>	Age <u>86</u>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Virginia</u>			
Occupation <u>Trainer</u>	Where Residing if not at place of death <u>Md.</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharina Bright</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information <u>Alice Bright</u>	How related to deceased <u>Daughter-in-law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>2 yrs</u>
Immediate <u>Senile Debility</u>	How long <u>1 mo.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John C. Sansbury</u>
	Address <u>Health Officer Forestville, Md.</u>
Accident or Suicide? <u>Neither</u>	

